

RESIDENT HANDBOOK
 Department of Plastic Surgery
 Integrated Plastic Surgery Program 2020 – 2021

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Resident Welcome

Welcome to the UNLV School of Medicine Department of Plastic Surgery. Your responsibilities incorporate your function as a plastic surgery resident within this residency program. Your schedules and service assignments will be made by the Program Director in conjunction with the Chief Resident. On each service, you are expected to work under the direction of the Chief Resident and be available for all service obligations, such as daily rounds and operative procedures. When you are on call, living quarters are available to you at all of the affiliated teaching institutions.

This contractual relationship begins on July 1 of your initial year with the program and ends the final week in June of your last year. Please note that this a six year clinical training program with three years pre-plastic surgery and three years core plastic surgery. Therefore, the total time commitment to training here is six years.

Included in this manual are the policies for resident supervision, work hour rules, resident wellness, procedures for disciplinary action and the resident grievance procedures. The various institutions' quality assurance methods are available in the staff brochures that will be provided and should be read.

Disclaimer: The Department makes every effort to make timely update to this Handbook. Whenever there appears to be inaccurate or inconsistent information, always check with the Program Director for the most up-to-date policies and instructions. Whenever there are apparent conflicts or discrepancies with UNLV GME policies, ACGME policies, or ABS requirements, again check with Program Director for the proper interpretation of any rules or regulations. This written document serves as a quick reference, but in no way does it replace constant and open communication between you and the faculty of the Department to insure your success in the program.

Mission Statement

The mission of the University of Nevada, Las Vegas School of Medicine Plastic Surgery Program is to provide exemplary patient care and clinical education, ultimately leading residency graduates to Board Certification in Plastic Surgery and to pursue creative research within the ever-changing practice environment. UNLV SOM Plastic Surgery faculty and residents conduct this mission in a cohesive spirit of patient service, community teaching and scholarly inquiry.

Plastic Surgery Integrated Residency Aims

1. Our residency strives to provide broad-based, practical training across the entire spectrum of the specialty of plastic surgery with the primary goal of producing competent and ethical plastic surgeons with an outstanding knowledge base and superior operative skills.
2. The program emphasizes the importance of excellence in medical knowledge, experience with cutting edge research, and exceptional operative technique in order to prepare our residents to be successful in any career path they choose including advanced fellowship training, a career in academic plastic surgery or confidently proceeding directly into private practice.

Contact Information

Welcome to the Department of Surgery, University of Nevada, Las Vegas School of Medicine. Below is a list of contact names and numbers that you might find useful.

Exploration of the [Department of Plastic Surgery website](#) will provide some information about the academic, clinical, and research interest of our faculty as well as our Residency, Clerkship and Fellowship Programs.

The main office is located in Las Vegas.

Department of Plastic Surgery

University of Nevada, Las Vegas School of Medicine
1701 West Charleston Blvd., Suite 190
Las Vegas, Nevada 89102
Phone (702) 671-5110

Below is a list of Core Faculty:

Richard C. Baynosa, MD	Chairman, Department of Plastic Surgery Associate Professor, Associate Program Director, Integrated Plastic Surgery Residency
John Brosious, MD	Assistant Professor, Department of Plastic Surgery Program Director, Integrated Plastic Surgery Residency Extremity Salvage, Transgender Surgery
Joshua Goldman, MD	Assistant Professor Microsurgery, Complex Reconstruction
John Menezes, MD	Associate Professor, Department of Plastic Surgery Pediatrics & Craniofacial Surgery
Ashley Pistorio, MD	Assistant Professor, Department of Plastic Surgery Hand & Upper Extremity Surgery
Jennifer Baynosa, MD	Program Director, General Surgery Residency Associate Professor, Department of Surgery

University Medical Center Hospital
(702) 383-2000

Resident Supervision Policy Guidelines

I. Purpose

To establish guidelines and requirements for residents enrolled in the Integrated Plastic Surgery residency training program at the UNLV SOM, Department of Plastic Surgery.

II. Policy

Medical staff physicians supervising residents in the Integrated Plastic Surgery residency training program have the simultaneous purposes of enhancing the professional functioning of the resident while monitoring the quality of patient care delivered. Supervision is exercised through observation, consultation, role modeling and by directing the learning of the resident. Documentation of supervision is the written or computer-generated medical record of evidence of a patient encounter that reflects the level of supervision provided by a supervising medical staff physician.

The Integrated Plastic Surgery residency training program utilizes standards and criteria for supervision of residents as put forth by the Residency Review Committee of the Accreditation Council for Graduate Medical Education.

III. Procedure

- A. Ultimate responsibility for the care of a patient rests with the attending physician in inpatient, outpatient, and operating room resident experiences.
- B. The program director and/or individual attending must determine the level of supervision required to provide appropriate training and to assure quality of patient care.
- C. To ensure patient safety and quality patient care while providing the opportunity to maximize the resident educational experience, supervising attending staff physicians will be available to the resident in person or by telephone 24 hours a day during clinical duty.
 1. PGY1 residents will be supervised either directly or indirectly with direct supervision immediately available.
 2. Residency program coordinator will ensure that residents know which supervising attending staff physician is on call and how to reach this individual.
- D. Supervision of plastic surgery residents is based on level of training. Interns are supervised by more senior residents who are supervised by chief residents and ultimately the attending. Residents rotating on other services are supervised by those more senior to them and the attending.
- E. The program director with faculty input will delegate patient care responsibilities to residents in a way that will allow them to assume progressive authority and responsibility, conditional independence and a supervisory role in patient care based on individual assessments in accordance with their level of training, experience, and demonstrated clinical competence.

Resident Supervision Policy Guidelines (Continued)

- F. Inpatient and ambulatory assignments have been developed commensurate with residents' abilities and with appropriate supervision as outlined in level specific, rotation specific goals and objectives.
- G. Plastic surgery residents will be provided with prompt and reliable systems for communication and interaction with supervisory physicians.
- H. All non-emergent invasive procedures will have the prior approval of the attending physician.
- I. Patient care rendered by a resident physician may not be contrary to the management approved by the attending physician unless it is directed by the appropriate department chairman in accordance with the Medical Staff by-laws.
- J. Resident physicians with documented competencies will supervise assigned medical students.
- K. Residents will be responsible for conveying information to the supervising attending staff member for a given patient, shall include but not be limited to the following situations:
 - 1. Notification and review of a consultation in the emergency room or inpatient setting
 - 2. Admission of a patient to the hospital inpatient service
 - 3. Consideration of performing an elective invasive procedure
 - 4. Notification of the performance of an emergent invasive procedure
 - 5. Review of a patient's postoperative condition with the responsible attending staff whenever it deviates from the expected course, deteriorates, or within 24 hours after the procedure when the patient is stable and the postoperative course unremarkable
 - 6. A patient leaving against medical advice
 - 7. A patient and/or family asking to talk with attending staff
 - 8. A patient demonstrating new hostile, suicidal, homicidal or psychotic ideations
 - 9. Difficulties in interaction with other residents and attendings caring for a patient in common
 - 10. Possible violations of hospital policies regarding the care of a patient
 - 11. Possible violations of local, state or federal laws regarding the care of a patient
 - 12. Abnormal test results
 - 13. Change in a patient's condition even if expected (including death)
 - 14. Need for an increasing level of acuity of care
 - 15. Decision by patient or individual with power of attorney to make medical decisions for the patient, to initiate or change end-of-life categorization status
 - 16. Transfer of a patient (e.g., to a different level of care, another inpatient service, another attending's service, etc.)
 - 17. Consideration of discharge of a patient from the hospital and discharge planning
 - 18. Discharge of a patient from the hospital

Resident Supervision Policy Guidelines (Continued)

19. With the exception of a life or death emergency, at no time can a resident be supervised by a relative. The term "relative" is defined by state statute and University policy as any person who is within the third degree of consanguinity or affinity. Consanguinity is a blood relationship within a family of the same descent. Affinity is a marriage or other legal relationship (such as adoption) formally recognized by the State of Nevada. Relationships within the third degree of consanguinity or affinity are defined as: The employee's spouse, child, parent, sibling, half-sibling, or step-relatives in the same relationship; the spouse of the employee's child, parent, sibling, half-sibling, or step-relative; the employee's in-laws, aunt, uncle, niece, nephew, grandparent, grandchild or first cousin.

IV. Attending Staff Supervision and Responsibility

Attending staff are responsible for, and must be personally involved in, the care provided to individual patients in inpatient, outpatient, and operating room settings. When a resident is involved in the care of the patient, the responsible attending physician must maintain personal involvement. The attending physician oversees the care of the patient and provides the appropriate intensity of resident supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. All services must be rendered under the oversight of the responsible attending physician or be personally furnished by the attending physician. Attending staff responsibilities include:

- A. Inpatient:
 1. Attending physician is identified in the chart including their role at primary/admitting physician or consultant
 2. Meet with the patient within 24 hours of admission
 3. Document supervision with progress note(s) by the end of the day following admission
 4. Follow local admission guidelines for attending notification
 5. Ensure discharge is appropriate
 6. Ensure that appropriate follow-up with the attending physician is arranged after discharge
 7. Ensure transfer from one inpatient service to another inpatient service is appropriate
 8. Resident participation in the management of patients in the perioperative period, both in the intensive care and the non-acute patient care units is supervised by a qualified faculty member and this supervision is documented in inpatient progress notes. Frequent consultation with faculty members is an essential part of both safe and excellent clinical care, and optimal resident teaching. Recognizing the value of the so-called "chain of command," it is appropriate for junior level residents to report to senior-level residents and/or the chief residents. Therefore, much of the interface between the resident staff and faculty occurs at the chief resident level.

Resident Supervision Policy Guidelines (Continued)**B. Outpatient:**

1. Attending physician is identified in the chart
2. Discuss patient with resident during initial visit; document attending involvement by either an attending note or documentation of attending supervision in the resident progress note.
3. Countersign note
4. All outpatient clinics at all participating institutions are supervised by a qualified faculty member and this supervision documented in all clinic notes. Faculty schedules are structured to provide residents with this continuous supervision. Attending notes are added to resident notes to comply with Medicare/Medicaid requirements. Typically, residents are given the opportunity to see patients then present the history to the faculty on a case by case basis. As they progress through training, residents are increasingly encouraged to report their interpretation of the patient presentation and test results, suggest provisional diagnoses, and recommend further diagnostic testing and preliminary treatment plans. Particular emphasis is placed on ensuring an opportunity for follow-up care of surgical patients, so that the results of surgical care may be evaluated by the responsible residents with appropriate attending physician supervision and guidance.

C. Emergency Department/ Consultations

1. An attending physician must always be accessible by phone and will evaluate the patient within 24 hours
2. Discuss with the resident doing a given consultation within 24 hours
3. Document supervision of a given consultation by the end of the next working day
4. Residents called to see inpatients on other services for plastic surgery consultation or called to the emergency room are supervised by a qualified faculty member and this supervision is documented in inpatient progress notes. The resident will usually see the patient and perform an initial assessment then telephone the faculty member that is on-call. Junior residents will generally review the case with the Chief Resident prior to calling the attending. In an urgent situation, such as a trauma case, the resident and faculty member may perform the initial assessment simultaneously to expedite care. Under no circumstances will a resident make an independent determination to admit, transfer, or discharge a patient without personal discussion of the case with the on-call faculty member. All calls from outside facilities requesting to transfer patients to the Plastic Surgery service will go directly to the faculty member.

D. Surgery/Procedures

1. Attending physician will be notified
2. Attending meets with the patient and the individual with power of attorney to give operative consent before the procedure/surgery
3. Attending staff will discuss indications, risks, complications, alternatives and benefits of surgery and will obtain the surgical consent
4. The attending staff will document agreement with the proposed surgery/procedures

Resident Supervision Policy Guidelines (Continued)

5. The attending physician countersigns the procedure note
 6. Surgical supervision: All surgical cases at all participating institutions are supervised appropriately by qualified faculty and this supervision documented in all surgical notes. Faculty schedules are structured to provide residents with this continuous supervision. The degree to which the resident independently performs technical maneuvers during surgery is to be determined at the discretion of the faculty member and may change from case to case and even from minute to minute within the same case depending on the difficulty of the case or changes in patient health status. It is expected that residents have a progressively more active role in procedures of increasing levels of difficulty as they mature through the residency.
- E. Sign initial Do Not Resuscitate (DNR) orders or any changes in categorization status and document compliance with local DNR and categorization policies

Policy Regarding Medical Students and Fellows

I. Medical Student

Medical students are frequently assigned to rotations on the plastic surgery service and serve as integral members of the plastic surgery team. While on service, their duties may include initial contact with patients including the completion of the preliminary history and physical or consultation, daily student progress notes, participation in surgical procedures and operations, and participation in scheduled didactic sessions. Students, however, are not physicians and it is expected that there is direct supervision and teaching of the medical students by the junior residents with appropriate oversight by the chief resident regarding all patient care matters. Ultimate responsibility regarding the medical students' experience and learning with each particular patient will be up to the assigned attending physician for the patient.

II. Clinical Fellows

There is typically a hand and microsurgery fellow selected every year that serves as an integral member of the Department of Plastic Surgery. The hand/microsurgery fellow has completed an accredited plastic surgery training program, is a fully licensed physician in the state of Nevada, and carries an academic appointment of Clinical Instructor with the UNLV SOM. The role of the fellow is ultimately to enhance the clinical experience for the residents and students while they gain additional experience and exposure to complex hand and microsurgical cases. The fellow will provide supervision and guidance to the residents on the plastic surgery service and may, at times, even serve as the attending physician for general plastic surgery patients. In complex hand and microsurgical cases, it is ultimately the responsibility of the attending physician to decide the appropriate level of participation for the fellow and senior residents, however, it is expected that the presence of the fellow will not negatively impact the overall exposure and level-appropriate experience of the residents.

Integrated Plastic Surgery Residents Work Hours

Category	New Work Hour Rules – Beginning July 1, 2011
Workload	<p>The workload for each resident must be based on level of training, patient safety, resident education, severity, and complexity of patient illness, and available support services in accordance with the plastic surgery RRC guidelines</p> <p>The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill non-physician service obligations</p>
Maximum hr/wk	80/wk, averaged over 4 weeks
Maximum length of duty period	<p>Duty periods of residents in PGY 1 must not exceed 16 hours.</p> <p>Intermediate-level and senior residents (PGY 2 and above) may be scheduled for a maximum of 24 hours of continuous duty; programs must encourage residents, as professionals, to use alertness-management strategies to maintain alertness in the context of patient care responsibilities; strategic napping, especially after 16 hours of continuous duty and between 10 p.m. and 8 a.m. is strongly suggested.</p> <p>Residents may remain on site for periods of no longer than an additional 4 hours to provide for the transfer of care and may not attend continuity clinics after 24 hours of duty.</p> <p>In unusual circumstances, residents may remain beyond scheduled hour to continue to provide care for a single patient; justifications are limited to: required continuity of care for a patient who is severely ill or whose condition is unstable, events of exceptional educational value, or humanistic attention to the needs of a patient or family. Residents cannot be compelled to spend these additional hours.</p> <p>The resident must document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service and track both individual resident and program-wide episodes of additional duty.</p>
In-hospital on-call frequency	Intermediate-level (PGY 2 & 3) and senior residents (PGY 4 to 6) every third night (no averaging)

Integrated Plastic Surgery Residents Work Hours (Continued)

Category	New Work Hour Rules – Beginning July 1, 2011
Minimum time off between scheduled duty periods	<p>Residents in PGY 1 should have 10 hours off and must have 8 hours free of duty between scheduled duty periods.</p> <p>Intermediate-level residents (PGY 2 & 3) should have 10 hours off and must have 8 hours between duty periods and 14 hours free of duty after 24 hours of in-hospital duty.</p> <p>Residents in the final year of training (PGY 6) should have 10 hours free of duty and must have 8 hours between scheduled duty periods.</p>
Maximum frequency of in-hospital duty	Residents must not be scheduled for more than 6 consecutive night of night duty (night float). Integrated plastic surgery residents must not have more than 4 consecutive weeks of night float assignment, and night float cannot exceed one month per year in accordance with plastic surgery RRC guidelines.
Mandatory off-duty time	24 hr off per 7-day period (when averaged over 4 wk); home call cannot be assigned on these free days
Moonlighting	Because plastic surgery residency education is a full-time endeavor, the program does not allow moonlighting so as not to interfere with the ability of the resident to achieve the goals and objectives of the educational program.
Home call	<p>Time on home call spent by residents in hospital must count toward the 80 hour maximum weekly limit; frequency of home call is not subject to the every third night limitation; at-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.</p> <p>Residents are permitted to return to the hospital while on home call to care for new or established patients; each episode of this type of care, although it must be included in the 80-hr weekly maximum, will not initiate a new off-duty period.</p>

Criteria for Successful Completion of Each Year (PGY-1 to PGY-6)

PGY-1

During this year the resident is expected to acquire fundamental skills in the diagnosis of surgical diseases and the establishment of therapeutic plans. During this year, the resident will function as a junior resident on multiple services and in this capacity will frequently be performing admission history and physical examinations. These experiences should be used by the resident to develop the capacity to diagnose surgical illnesses and begin to formulate diagnostic and therapeutic strategies.

Procedurally, the residents are expected to become facile in the performance of several procedures. Specific documentation of supervised training in placement of chest tubes, insertion of central venous catheters, endotracheal intubation, conscious sedation, and placement of Swan-Ganz catheters is required and must be documented on the provided forms. In addition, the resident is expected to begin to develop a knowledge of anatomy in the operating room, and to develop polished skills in the areas of suturing, knot tying, and performance of minor surgical procedures.

PGY-2

This year is really an extension of the first year in terms of goals and responsibilities. Again, this level resident is likely to be a junior resident on one of the multiple services and as such will continue to do the majority of admission history and physical examinations. Again, the goal is for the resident to develop sophisticated capabilities in the realms of surgical diagnosis and planning of therapy. At this level, the resident is also expected to begin to develop and demonstrate competency in more sophisticated areas of patient management, such as in the intensive care unit.

Procedurally, the resident is expected to become increasingly facile in the operating room with instrument technique, including sewing and knot tying. At this level, the resident is frequently allowed to perform modestly advanced surgical procedures under supervision, but the principal goal for this year is developing skills in patient care rather than operative technique.

PGY-3

In many ways, this is the most challenging year of the residency as the resident progresses from a junior resident to a senior resident status. Although rarely the most senior resident on any service, the resident in this year is frequently exposed to significant responsibilities on the different services.

At this level, the resident is expected to develop the capability of appropriately focusing diagnostic and therapeutic strategies and to develop skills as an independent patient care giver. In addition, at the procedural level, the resident is expected to develop competence in planning and carrying out routine surgical procedures including but not limited to such operations as cholecystectomy, inguinal herniorrhaphy, and similar operations.

Criteria for Successful Completion of Each Year (PGY 1 – 6) (Continued)**PGY-4**

This year initiates the transition of focusing in on the resident's chosen specialty of plastic and reconstructive surgery. During this year the resident is able to gain an in depth knowledge of basic science and clinical research in order to critically evaluate and apply the relevant literature to the practice of plastic surgery. There is also an extensive exposure to basic microsurgical skills in the laboratory initially, followed by an extended experience in clinical reconstructive microsurgery allowing the resident to gain progressive skills and experience in managing these complex patients prior to the senior years,.

This year also incorporates subspecialty training in areas specifically applicable to plastic surgery including ophthalmology, dermatology, and oral/maxillofacial surgery. By the end of this year, the resident should have a good grasp of the wide scope of problems evaluated and managed by the plastic surgeon to be a well-versed in the team approach to patient management.

PGY-5

At this level the resident is expected to develop the ability to independently diagnose, to order appropriate diagnostic studies, to formulate differential diagnosis and treatment plan for plastic surgery patients. By the end of the year the resident should be fully competent in independent management of routine plastic surgery patient in terms of diagnosis and patient management. By the end of the year the plastic surgery resident should also be capable of performing many plastic surgery procedures with minimal assistance and guidance and should be judged ready to continue on to fifth year where more complex and advanced plastic surgical procedures are performed.

PGY-6

During this year the resident is given the responsibility of being the Chief resident. This will include supervising the junior Plastic Surgery resident, overseeing the Burn Clinic on Wednesday, organizing the schedule, and developing skills to operate and manage patients independently. This year will allow the resident to master all aspects of Plastic Surgery and gain confidence to become independent plastic surgeon. This will be performed under faculty supervision. The resident will also master all challenges of postoperative care.

It is mandatory for the resident to satisfactorily complete all requirements of the American Board of Plastic Surgery for admission to the Certifying Examination. These requirements are published by the American Board of Plastic Surgery.

Criteria for Successful Completion of Each Year (PGY 1 – 6) (Continued)

POLICY: RESIDENT ADVANCEMENT

The criteria in detail for yearly advancement is found in the document entitled, "Resident Resource Manual", that is given to each resident in June preceding the new academic year (a copy is available upon request). The following summarizes the above mentioned document:

GENERAL CRITERIA (PGY 4-6)

For yearly advancement, the plastic surgery resident must perform to the satisfaction of the plastic surgery Residency Review Committee. Criterion involve: a) adherence to standards of conduct and behavior outlined in the Housestaff manual and the Plastic Surgery Resident Orientation Manual; b) adequate clinical performance on each assigned rotation with attainment of objectives for knowledge and clinical skills; c) satisfactory attendance at education opportunities, and d) adequate academic performance on examinations.

SPECIFIC

1) Residents will be advanced based on performance as graded by faculty on the competency based evaluation.

2) *Standards of conduct and behavior*

The specific standards of conduct and behavior can be found in the UNLV SOM Housestaff manual.

Basically, these are fundamental, ethical and professional standards that we believe are universally accepted by the medical profession.

3) *Clinical performance*

Attainment of the objectives for knowledge and clinical skills is evaluated by all members of the teaching faculty specifically associated with the residents' current rotations using the following:

- a) Assessment of knowledge, skills and clinical performance
 - * Basic knowledge of pathophysiology; anatomy, and surgical management
 - * Operative skills rating form
 - * Analytical and decision-making skills including ability to gather information and use it effectively
 - * Professional habits such as reliability; punctuality, and ability to manage work load effectively
 - * Communication skills, ability to present patients and problems with clarity and accuracy.
 - * Chart work, including notes, orders, operative reports, and discharge summaries completed accurately, legibly, and promptly
- b) Other aspects of progress as a resident.
 - * Respectful, courteous manner with patients, families, faculty, other staff and fellow residents.
 - * Demonstrates appropriate preoperative case material review, and shows progress in studying about surgical management.
 - * Participates in pre- and postoperative care, and knows patients well.

General emotional and physical state response to stress.

Criteria for Successful Completion of Each Year (PGY 1 – 6) (Continued)

Once yearly, the examination will consist of the Plastic Surgery In-Service Training Examination. These tests have been validated nation-wide and provide an excellent means to test the resident's overall basic science and clinical knowledge base. They also lend themselves to statistical analysis and allow comparison of the resident's progress compared to other residents in training in the United States. This type of examination format provides the closest preparation for the qualifying examination of the American Board of Plastic Surgery.

Requirements are outlined below.

PLASTIC SURGERY YEAR PGY 1

- A. Satisfactory evaluations > 3.0
- B. General Surgery *In-Service Exam* >30th percentile

PLASTIC SURGERY YEAR PGY 2 – PGY 6

- A. Satisfactory evaluations > 3.0
- B. Operative Skills rating forms > 2
- C. Plastic Surgery *In-Service Exam* >30th percentile

SUMMARY

A mean rating of < 3.0 on electronic Resident Evaluations or < 2 Operative Skills rating forms or failure of one rotation is unacceptable and will require immediate remediation determined by the Program Director. Pass or Fail for each rotation is determined by the rotation directors or program director.

Receiving < 30th percentile on the General Surgery In-Service Exam or Plastic Surgery In-Service Exam the resident will be placed on Academic Probation with a supporting letter in his/her file. A prescribed written program of study or a corrective plan will be formulated by the Program Director and the resident to remedy above probation status.

Failure of two rotations or receiving < 30th percentile in two In-Service Exams will result in a Contract Notice of Non-reappointment.

Conference Schedule

Conference Type: (Basic Science, Journal Club, Pathology, etc.)	Required or Optional	Frequency	Individual(s) or Department Responsible for Conducting Conference
Core Curriculum	Required	Weekly 9:30-10:30 am Tuesday	Department of Plastic Surgery Faculty
Morbidity & Mortality	Required	Monthly 10:30-11:30 am Tuesday	Department of Plastic Surgery Faculty
Plastic Surgery Grand Rounds	Required	Quarterly 9:30-10:30 am Tuesday	Department of Plastic Surgery Faculty Visiting Professors
Journal Club	Required	Monthly 10:30 – 11:30 am	Department of Plastic Surgery Faculty
PSEN	Required	Bi-Weekly 11 am - 12 pm Tuesday	Department of Plastic Surgery Faculty
Case Discussion/Virtual Rounds	Required	Weekly 11:30 am – 12 pm Tuesday	Department of Plastic Surgery Faculty
Resident Evaluation Meetings	Required	Semi-Annually	Department of Plastic Surgery Faculty
Program Evaluation Committee Meetings	Required	Every 4 months 11 am – 12 pm	Department of Plastic Surgery Faculty & Plastic Surgery Residents

The conferences will be held on Tuesdays between 9:30 AM – 12:00 PM at the UNLV SOM, 2040 Bldg., Conference Room 519

Annual Conference Schedule | Lecture Schedule | June 20, 2020 – June 29, 2021

Week 1: June 30, 2020	
9:30 – 10:30 AM	VOLUME ONE: PRINCIPLES VI.1) Plastic Surgery and Innovation in Medicine VI.2) History of Reconstructive and Aesthetic Surgery (Mehta) VI.3) Psychological Aspects of Plastic Surgery VI.4) The Role of Ethics in Plastic Surgery (Lyons)
10:30 – 11:30 AM	Case presentation
Week 2: July 7, 2020	
9:30 – 10:30 AM	VI.5) Business Principles for Plastic Surgeons VI.6) Medico-legal Issues in Plastic Surgery (Claman) VI.7) Photography in Plastic Surgery (Childers)
10:30 – 11:30 AM	M & M Virtual rounds
Week 3: July 14, 2020	
9:30 – 10:30 AM	VI.8) Patient Safety in Plastic Surgery VI.9) Local Anesthetics in Plastic Surgery (Childers) VI.10) Evidence-based Medicine and Health Services Research in Plastic Surgery (Lyons)
10:30 – 11:30 AM	M & M Virtual rounds
Week 4: July 21, 2020	
9:30 – 10:30 AM	VI.11) Genetics and Prenatal Diagnosis (Childers)
10:30 – 11:30 AM	VI.12) Principles of Cancer Management (Mehta) Journal Club Virtual rounds
Week 5: July 28, 2020	
9:30 – 10:30 AM	VI.13) Stem Cells and Regenerative Medicine (Claman)
10:30 – 11:30 AM	VI.14) Wound Healing; VI.15) Skin Wound Healing: Repair Biology, Wound, and Scar Treatment VI.16) Scar Prevention, Treatment, and Revision (Mehta) Case Presentation Virtual rounds
Week 6: August 4, 2020	
9:30 – 10:30 AM	VI.17) Skin Graft (Childers)
10:30 – 11:30 AM	VI.18) Tissue Graft, Tissue Repair, and Regeneration (Mehta) M & M Virtual rounds
Week 7: August 11, 2020	
9:30 – 10:30 AM	VI.20) Repair, Grafting, and Engineering of Cartilage (Claman)
10:30 – 11:30 AM	VI.21) Repair and Grafting of Bone (Lyons) Attending Lecture Virtual rounds

Annual Conference Schedule | Lecture Schedule | June 20, 2020 – June 29, 2021

Week 8: August 18, 2020	
9:30 – 10:30 AM	VI.22) Repair and Grafting of Peripheral Nerve (Vest)
10:30 – 11:30 AM	VI.23) Vascular Territories (Claman) Journal Club Virtual rounds
Week 9: August 25, 2020	
9:30 – 10:30 AM	VI.24) Flap Classification and Applications (Childers)
10:30 – 11:30 AM	VI.25) Flap Pathophysiology and Pharmacology (Mehta) Case Presentation Virtual rounds
Week 10: September 1, 2020	
9:30 – 10:30 AM	VI.26) Principles and Techniques of Microvascular Surgery (Claman)
10:30 – 11:30 AM	VI.27) Principles and Applications of Tissue Expansion (Childers) M & M Virtual rounds
Week 11: September 8, 2020	
9:30 – 10:30 AM	VI.28) Therapeutic Radiation: Principles, Effects, and Complications (Claman)
10:30 – 11:30 AM	VI.29) Vascular Anomalies (Vest) Case Presentation
Week 12: September 15, 2020 Week 13: September 22, 2020	Virtual rounds Cadaver Lab? – 2424 E. Oquendo Road
9:30 – 10:30 AM	VI.30) Benign and Malignant Nonmelanocytic Tumors of the Skin and Soft Tissue (Childers) VI.31) Melanoma (Lyons) VI.32) Implants and Biomaterials (Claman) VI.33) Transplantation in Plastic Surgery (Claman)
10:30 – 11:30 AM	Journal Club Virtual rounds
Week 14: September 29, 2020	
9:30 – 10:30 AM	VI.35) Technology Innovation in Plastic Surgery: A Practical Guide for the Surgeon Innovator (Mehta)
10:30 – 11:30 AM	VI.36) Robotics, Simulation, and Telemedicine in Plastic Surgery (Lyons) Case Presentation Virtual rounds
Week 15: October 6, 2020	
9:30 – 10:30 AM	VOLUME TWO: AESTHETIC VII.1) Managing the Cosmetic Patient (Claman)
10:30 – 11:30 AM	VII.2) Nonsurgical Skin Care and Rejuvenation (Lyons) M & M Virtual rounds

Annual Conference Schedule | Lecture Schedule | June 20, 2020 – June 29, 2021

Week 16: October 13, 2020	
9:30 – 10:30 AM	VII.3) Botulinum Toxin (Vest)
10:30 – 11:30 AM	VII.4) Soft-tissue Fillers (Lyons) Attending Lecture Virtual rounds
Week 17: October 20, 2020	
9:30 – 10:30 AM	VII.5) Facial Skin Resurfacing (Lyons)
10:30 – 11:30 AM	VII.6) Anatomy of the Aging Face (Mehta) Case Presentation Virtual rounds
Week 18: October 27, 2020	
9:30 – 10:30 AM	VII.7) Forehead Rejuvenation (Claman)
10:30 – 11:30 AM	VII.8) Blepharoplasty (Ogley) M & M Virtual rounds
Week 19: November 3, 2020	
9:30 – 10:30 AM	VII.9) Secondary Blepharoplasty: Techniques (Claman)
10:30 – 11:30 AM	VII.10) Asian Facial Cosmetic Surgery (Vest) Journal Club Virtual rounds
Week 20: November 10, 2020	
9:30 – 10:30 AM	VII.11.1) Facelift: Principles; VII.11.2) Facelift: Introduction to Deep Tissue Techniques (Ogley)
10:30 – 11:30 AM	VII.11.3) Facelift: Platysma-SMAS Plication VII.11.4) Facelift: Facial Rejuvenation with Loop Sutures, the MACS Lift and its Derivatives VII.11.5) Facelift: Lateral SMASectomy; VII.11.6) Facelift: The Extended SMAS Technique in Facial Rejuvenation VII.11.7) Facelift: SMAS with Skin Attached – The “High SMAS” Technique (Claman) Case Presentation Virtual rounds
Week 21: November 17, 2020	
9:30 – 10:30 AM	VII.12) Secondary Deformities and the Secondary Facelift (Lyons)
10:30 – 11:30 AM	VII.13) Neck Rejuvenation (Claman) M & M Virtual rounds
Week 22: November 24, 2020	
9:30 – 10:30 AM	VII.14) Structural Fat Grafting (Claman)
10:30 – 11:30 AM	VII.15) Skeletal Augmentation (Claman) Case Presentation Virtual rounds

Annual Conference Schedule | Lecture Schedule | June 20, 2020 – June 29, 2021

Week 23: December 1, 2020	
9:30 – 10:30 AM	VII.16) Anthropometry, Cephalometry, and Orthognathic Surgery (Lyons)
10:30 – 11:30 AM	VII.17) Nasal Analysis and Anatomy (Mehta) Attending Lecture Virtual rounds
Week 24: December 8, 2020	
9:30 – 10:30 AM	VII.18) Open Technique Rhinoplasty (Ogley)
10:30 – 11:30 AM	VII.19) Closed Technique Rhinoplasty (Claman) M & M Virtual rounds
Week 25: December 15, 2020	
9:30 – 10:30 AM	VII.20) Airway Issues and the Deviated Nose (Childers)
10:30 – 11:30 AM	VII.21) Secondary Rhinoplasty (Vest) Journal Club Virtual rounds
Week 26: December 22, 2020	HAPPY HOLIDAYS – NO LECTURES
Week 27: December 29, 2020	HAPPY HOLIDAYS – NO LECTURES
Week 28: January 5, 2021	
9:30 – 10:30 AM	VII.22) Otoplasty (Claman)
10:30 – 11:30 AM	VII.23) Hair Restoration (Childers) Case Presentation Virtual rounds
Week 29: January 12, 2021	
9:30 – 10:30 AM	VII.24) Liposuction: A Comprehensive Review of Techniques and Safety (Claman)
10:30 – 11:30 AM	VII.25) Abdominoplasty Procedures (Lyons) M & M Virtual rounds
Week 30: January 19, 2021	
9:30 – 10:30 AM	VII.26) Lipoabdominoplasty (Lyons)
10:30 – 11:30 AM	VII.27) Lower Bodylifts (Childers) Case Presentation Virtual rounds
Week 31: January 26, 2021	
9:30 – 10:30 AM	VII.28) Buttock Augmentation (Claman)
10:30 – 11:30 AM	VII.29) Upper Limb Contouring (Mehta) M & M Virtual rounds
Week 39: March 23, 2021	
9:30 – 10:30 AM	VIII.12) Oral Cavity, Tongue, and Mandibular Reconstructions (Claman)
10:30 – 11:30 AM	VIII.13) Hypopharyngeal, Esophageal, and Neck Reconstruction (Vest) Case Presentation Virtual rounds

Annual Conference Schedule | Lecture Schedule | June 20, 2020 – June 29, 2021

Week 40: March 30, 2021 9:30 – 10:30 AM	VIII.14) Salivary Gland Tumors (Mehta)
10:30 – 11:30 AM	VIII.15) Tumors of the Facial Skeleton: Fibrous Dysplasia (Lyons)
Week 41: April 6, 2021 9:30 – 10:30 AM	M & M Virtual rounds
10:30 – 11:30 AM	VIII.16) Tumors of the Lips, Oral Cavity, Oropharynx, and Mandible (Childers)
Week 42: April 13, 2021 9:30 – 10:30 AM	VIII.17) Carcinoma of the Upper Aerodigestive Tract (Lyons)
10:30 – 11:30 AM	Case Presentation Virtual rounds
Week 43: April 20, 2021 9:30 – 10:30 AM	VIII.18) Local Flaps for Facial Coverage (Childers)
10:30 – 11:30 AM	VIII.19) Secondary Facial Reconstruction (Claman)
Week 44: April 27, 2021 9:30 – 10:30 AM	Attending Lecture Virtual rounds
10:30 – 11:30 AM	VIII.20) Facial Transplant (Mehta)
Week 45: May 4, 2021 9:30 – 10:30 AM	VIII.21) Surgical Management of Migraine Headaches (Vest)
10:30 – 11:30 AM	M & M Virtual rounds
Week 46: May 11, 2021 9:30 – 10:30 AM	VIII.22) Embryology of the Craniofacial Complex (Childers)
10:30 – 11:30 AM	VIII.23) Repair of the Unilateral Cleft Lip (Ogley) Journal Club Virtual rounds
Week 47: May 18, 2021 9:30 – 10:30 AM	VIII.24) Repair of the Bilateral Cleft Lip (Claman)
10:30 – 11:30 AM	VIII.25) Cleft Palate (Vest) Case presentation Virtual rounds
Week 48: May 25, 2021 9:30 – 10:30 AM	VIII.26) Alveolar Clefts (Claman)
10:30 – 11:30 AM	VIII.27) Orthodontics in Cleft Lip and Palate Management (Mehta) M & M Virtual rounds
Week 49: June 1, 2021 9:30 – 10:30 AM	VIII.28) Velopharyngeal Dysfunction (Lyons)
10:30 – 11:30 AM	VIII.29) Secondary Deformities of the Cleft Lip, Nose, and Palate (Mehta) Case presentation Virtual rounds

Annual Conference Schedule | Lecture Schedule | June 20, 2020 – June 29, 2021

Week 48: May 25, 2021	
9:30 – 10:30 AM	VIII.30) Cleft and Craniofacial Orthognathic Surgery (Claman) VIII.31) Pediatric Facial Fractures (Lyons)
10:30 – 11:30 AM	M & M Virtual rounds
Week 49: June 1, 2021	
9:30 – 10:30 AM	VIII.32) Orbital Hypertelorism (Childers) VIII.33) Craniofacial Clefts (Claman)
10:30 – 11:30 AM	Journal Club Virtual rounds
Week 50: June 8, 2021	
9:30 – 10:30 AM	VIII.34) Nonsyndromic Craniosynostosis (Mehta) VIII.35) Syndromic Craniosynostosis (Lyons)
10:30 – 11:30 AM	Attending Lecture Virtual rounds
Week 51: June 15, 2021	
9:30 – 10:30 AM	VIII.36) Craniofacial Microsomia (Claman) VIII.37) Hemifacial Atrophy (Lyons)
10:30 – 11:30 AM	Case presentation Virtual rounds
Week 52: June 22, 2021	
9:30 – 10:30 AM	VIII.38) Pierre Robin Sequence (Claman) VIII.39) Treacher-Collins Syndrome (Childers)
10:30 – 11:30 AM	M & M Virtual rounds
Week 53: June 29, 2021	
9:30 – 10:30 AM	VIII.40) Congenital Melanocytic Nevi (Childers) VIII.41) Pediatric Chest and Trunk Defects (Lyons)
10:30 – 11:30 AM	Case presentation Virtual rounds

Reference: Neligan PC. Plastic Surgery, Third Edition – 2013.

Resident Rotation Schedule | 2020 - 2021

Year: PGY1 – Evan Childers

Month	Rotation Type	Inpatient/ Outpatient	Site/Institution
1 July	<u>Trauma</u>	<u>Inpatient</u>	<u>UMC</u>
2 August	<u>TICU</u>	<u>Inpatient</u>	<u>UMC</u>
3 September	<u>GenSurg/EGS</u>	<u>Inpatient</u>	<u>UMC</u>
4 October	<u>ER</u>	<u>Inpatient/Outpatient</u>	<u>UMC</u>
5 November	<u>Anesthesia</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
6 December	<u>Neurosurgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC</u>
7 January	<u>GenSurg/UMC2/CRS</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
8 February	<u>GenSurg/UMC1/SurgOnc</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
9 March	<u>Vascular/Transplant Surgery/UMC 3</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
10 April	<u>Plastic Surgery (RB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
11 May	<u>Plastic Surgery (RB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
12 June	<u>Plastic Surgery (RB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>

Resident Rotation Schedule | 2020 – 2021 (Continued)

Year: PGY 2 – Aradhana Mehta

Month	Rotation Type	Inpatient/ Outpatient	Site/Institution
1 July	<u>General Plastic Surgery (JB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
2 August	<u>General Plastic Surgery (JB)</u>	<u>Inpatient/ Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
3 September	<u>General Plastic Surgery (JB)</u>	<u>Inpatient/ Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
4 October	<u>CardioThoracicSurg/UMC3</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
5 November	<u>GenSurg/UMC1/SurgOnc</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
6 December	<u>Pediatric Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Sunrise/Specialty Centers</u>
7 January	<u>Plastic Surgery/Craniofacial (JM)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
8 February	<u>Plastic Surgery/Craniofacial (JM)</u>	<u>Inpatient/ Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
9 March	<u>Plastic Surgery/Craniofacial (JM)</u>	<u>Inpatient/ Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
10 April	<u>GenSurg/UMC1/SurgOnc</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
11 May	<u>Burns/Wounds</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
12 June	<u>Orthopedic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>

Craniofacial Surgery (1, 2, 3, 8, 10, 11, 12)

Hand & Reconstructive Surgery (2, 3, 5, 6, 7, 10, 11, 12)

1. Congenital defects of head and neck (cleft lip, palate & craniofacial surgery)
2. Neoplasm of head and neck (oropharynx, endoscopy)
3. Cranio-maxillofacial trauma (FX)
4. Aesthetic (cosmetic) surgery of head, neck, trunk and extremities.
5. Plastic surgery of breasts
6. Surgery of hand/upper extremities
7. Plastic surgery of lower extremities
8. Plastic surgery of congenital and acquired defects of trunk and genital.
9. Burn Management (acute and reconstructive)
10. Microsurgical techniques applicable to plastic surgery.
11. Reconstruction of tissue transfer (flaps and grafts)

Resident Rotation Schedule | 2020 – 2021 (Continued)

Year: PGY 3 – Mitchell Lyons

Month	Rotation Type	Inpatient/ Outpatient	Site/Institution
1 July	<u>Head & Neck Surgery/Reconstruction</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
2 August	<u>Head & Neck Surgery/Reconstruction</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
3 September	<u>Head & Neck Surgery/Reconstruction</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
4 October	<u>Plastic Surgery/Breast Surgery (RB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
5 November	<u>Plastic Surgery/Breast Surgery (RB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
6 December	<u>Plastic Surgery/Breast Surgery (RB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
7 January	<u>General Plastic Surgery (JB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
8 February	<u>General Plastic Surgery (JB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
9 March	<u>General Plastic Surgery (JB)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
10 April	<u>Hand Surgery/Gen Recon (AP/JG)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
11 May	<u>Hand Surgery/Gen Recon (AP/JG)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>
12 June	<u>Hand Surgery/Gen Recon (AP/JG)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Surgery Specialty Centers</u>

Aesthetic / Breast Surgery (2, 4, 5, 6, 7, 9, 10, 11, 12)
 General Plastic Surgery (2, 3, 5, 6, 7, 8, 9, 10, 11, 12)
 General Plastic Surgery / Hand Surgery (2, 5, 6, 7, 10, 11)

1. Congenital defects of head and neck (cleft lip, palate & craniofacial surgery)
2. Neoplasm of head and neck (oropharynx, endoscopy)
3. Cranio-maxillofacial trauma (FX)
4. Aesthetic (cosmetic) surgery of head, neck, trunk and extremities.
5. Plastic surgery of breasts
6. Surgery of hand/upper extremities
7. Plastic surgery of lower extremities
8. Plastic surgery of congenital and acquired defects of trunk and genital.
9. Burn Management (acute and reconstructive)
10. Microsurgical techniques applicable to plastic surgery.
11. Reconstruction of tissue transfer (flaps and grafts)
12. Surgery of benign and malignant lesions of skin and soft tissue

Resident Rotation Schedule | 2020 – 2021 (Continued)

Year: PGY 4 – Barry Claman

Month	Rotation Type	Inpatient/ Outpatient	Site/Institution
1 July	<u>Gender Surgery/Complex Reconstruction</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Multidisciplinary Skills Lab</u>
2 August	<u>Gender Surgery/Complex Reconstruction</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Multidisciplinary Skills Lab</u>
3 September	<u>Gender Surgery/Complex Reconstruction</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Multidisciplinary Skills Lab</u>
4 October	<u>Dermatology: Surgical/Cosmetic</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
5 November	<u>Oral/Maxillofacial Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
6 December	<u>Oculoplastics</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
7 January	<u>Aesthetic Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
8 February	<u>Aesthetic Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
9 March	<u>Aesthetic Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
10 April	<u>General Plastic Surgery/Air Force/VA</u>	<u>Inpatient/Outpatient</u>	<u>UMC/MOFH/VA</u>
11 May	<u>General Plastic Surgery/Air Force/VA</u>	<u>Inpatient/Outpatient</u>	<u>UMC/MOFH/VA</u>
12 June	<u>General Plastic Surgery/Air Force/VA</u>	<u>Inpatient/Outpatient</u>	<u>UMC/MOFH/VA</u>

Microsurgical Skills / Research / Reconstructive Microsurgery (6, 7, 10, 11)
 Surgical Dermatology & MOHS (2, 4, 9, 11, 12)
 Oral / Maxillofacial Surgery (1, 2, 3, 10, 11)
 Ophthalmology / Oculoplastics (3, 4, 11, 12)

1. Congenital defects of head and neck (cleft lip, palate & craniofacial surgery)
2. Neoplasm of head and neck (oropharynx, endoscopy)
3. Cranio-maxillofacial trauma (FX)
4. Aesthetic (cosmetic) surgery of head, neck, trunk and extremities.
5. Plastic surgery of breasts
6. Surgery of hand/upper extremities
7. Plastic surgery of lower extremities
8. Plastic surgery of congenital and acquired defects of trunk and genital.
9. Burn Management (acute and reconstructive)
10. Microsurgical techniques applicable to plastic surgery.
11. Reconstruction of tissue transfer (flaps and grafts)
12. Surgery of benign and malignant lesions of skin and soft tissue

Resident Rotation Schedule | 2020 – 2021 (Continued)

Year: PGY 5 – Maxwell Vest

Month	Rotation Type	Inpatient/ Outpatient	Site/Institution
1 July	<u>Craniofacial Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
2 August	<u>Craniofacial Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
3 September	<u>Craniofacial Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
4 October	<u>Aesthetic Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
5 November	<u>Aesthetic Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
6 December	<u>Aesthetic Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
7 January	<u>Breast and General Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
8 February	<u>Breast and General Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
9 March	<u>Breast and General Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
10 April	<u>Hand & Reconstructive Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
11 May	<u>Hand & Reconstructive Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
12 June	<u>Hand & Reconstructive Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>

Craniofacial Surgery (1, 2, 3, 8, 10, 11, 12)
 Hand & Reconstructive Surgery (2, 3, 5, 6, 7, 10, 11, 12)
 Aesthetic Plastic Surgery (2, 4, 5, 6, 7, 9, 10, 11, 12)
 Breast and General Plastic Surgery (2, 3, 5, 6, 7, 8, 9, 10, 11, 12)

1. Congenital defects of head and neck (cleft lip, palate & craniofacial surgery)
2. Neoplasm of head and neck (oropharynx, endoscopy)
3. Cranio-maxillofacial trauma (FX)
4. Aesthetic (cosmetic) surgery of head, neck, trunk and extremities.
5. Plastic surgery of breasts
6. Surgery of hand/upper extremities
7. Plastic surgery of lower extremities
8. Plastic surgery of congenital and acquired defects of trunk and genital.
9. Burn Management (acute and reconstructive)
10. Microsurgical techniques applicable to plastic surgery.
11. Reconstruction of tissue transfer (flaps and grafts)
12. Surgery of benign and malignant lesions of skin and soft tissue

Resident Rotation Schedule | 2020 – 2021 (Continued)

Year: PGY 6 – Scott Ogley

Month	Rotation Type	Inpatient/ Outpatient	Site/Institution
1 July	<u>Aesthetic / Breast / General Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
2 August	<u>Aesthetic / Breast / General Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
3 September	<u>Aesthetic / Breast / General Plastic Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
4 October	<u>Craniofacial Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
5 November	<u>Craniofacial Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
6 December	<u>Craniofacial Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
7 January	<u>Hand & Reconstructive Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
8 February	<u>Hand & Reconstructive Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
9 March	<u>Hand & Reconstructive Surgery</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
10 April	<u>Aesthetic / Breast / General Plastic Surgery (Elective)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
11 May	<u>Aesthetic / Breast / General Plastic Surgery (Elective)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>
12 June	<u>Aesthetic / Breast / General Plastic Surgery (Elective)</u>	<u>Inpatient/Outpatient</u>	<u>UMC/Specialty Surgery Centers</u>

Craniofacial Surgery (1, 2, 3, 8, 10, 11, 12)
 Hand & Reconstructive Surgery (2, 3, 5, 6, 7, 10, 11, 12)
 Aesthetic / Breast Surgery (2, 4, 5, 6, 7, 9, 10, 11, 12)
 General Plastic Surgery (2, 3, 5, 6, 7, 8, 9, 10, 11, 12)

1. Congenital defects of head and neck (cleft lip, palate & craniofacial surgery)
2. Neoplasm of head and neck (oropharynx, endoscopy)
3. Cranio-maxillofacial trauma (FX)
4. Aesthetic (cosmetic) surgery of head, neck, trunk and extremities.
5. Plastic surgery of breasts
6. Surgery of hand/upper extremities
7. Plastic surgery of lower extremities
8. Plastic surgery of congenital and acquired defects of trunk and genital.
9. Burn Management (acute and reconstructive)
10. Microsurgical techniques applicable to plastic surgery.
11. Reconstruction of tissue transfer (flaps and grafts)
12. Surgery of benign and malignant lesions of skin and soft tissue

Sample Resident Evaluation Forms

OPERATIVE SKILL RATING FORM

RESIDENT _____ **DATE** _____
PROCEDURE _____
EVALUATOR _____

Instructions: Please evaluate the resident surgeon's performance for each of the following operative skills using the following rating scale (compare resident with all residents in program).

- 5) Consistently performs this skill expertly; demonstrates this skill as much as any resident I have worked with.
- 4) Demonstrates appropriate performance of this skill during most of the operative procedure.
- 3) Occasionally demonstrates good performance in this technical skill but is inconsistent, average performance.
- 2) Demonstrates only an elemental understanding of this skill, rarely performs this skill appropriately.
- 1) Unsatisfactory performance of this skill, would recommend remedial work.

OPERATIVE SKILLS	RATING
1. Pre-operative evaluation	_____
2. Precision in use of instruments	_____
3. Accuracy and fine motor coordination in placement of sutures	_____
4. Facility in following curve of needle with suturing	_____
5. Security in performance, general confidence in operating ability	_____
6. Avoidance of non-purposeful movements, economy of motion	_____
7. Efficiency in use of traction and counter traction	_____
8. Knot tying ability	_____
9. Instrument and suture selection	_____
10) Ability to plan sequences of difference activities throughout procedure (i.e., acts as if aware of sequence of step and moves smoothly from one step to the next).	_____
11) Overall organization in the operating room	_____
12) Overall technical ability	_____
13) Organizes assistants well	_____
14) Accurate dissection	_____
15) Dressing	_____
16) Post-operative orders	_____

COMMENTS

RESIDENT'S SIGNATURE: _____ **DATE:** _____

EVALUATOR'S SIGNATURE: _____ **DATE:** _____

Faculty Evaluation Form

Name of Physician _____ Date of Evaluation _____

Instructions: Please evaluate the above faculty member based on your recent experiences. Circle the appropriate response. Use the following criteria for evaluation.

Criteria Point System	5	He/she demonstrates this trait a great deal of the time
	4	He/she demonstrates this trait frequently
	3	He/she demonstrates this trait occasionally
	2	He/she hardly ever demonstrates this trait
	1	Unable to evaluate (infrequently or never seen in this setting)

Teaches effectively at the bedside on ward rounds	5	4	3	2	1
Teaches effectively in the surgical clinic setting	5	4	3	2	1
Teaches effective in the OR including instruction on improvement of technical skills	5	4	3	2	1
Probes residents with questions to improve critical thinking skills	5	4	3	2	1
Provides feedback to residents about their performances	5	4	3	2	1
Develops and maintains good rapport with residents	5	4	3	2	1
Readily available to residents for discussion of patient problems	5	4	3	2	1
Provides a role model for professional and caring interactions with patients	5	4	3	2	1
Demonstrates effective use of the literature to support views on patient evaluation & management	5	4	3	2	1
Attends and contributes to teaching conferences	5	4	3	2	1
Stimulates house staff to higher personal and professional goals	5	4	3	2	1
Overall teaching performance is exemplary	5	4	3	2	1

COMMENTS (*strengths and weaknesses*)

Plastic Surgery Resident Evaluation

10/7/2020

NewInnovations::Evaluations

Faculty Evaluation of Resident



[Subject Name]
 [Subject Status]
 [Evaluation Dates]
[Subject Rotation]

 Evaluator
[Evaluator Name]
 [Evaluator Status]

In evaluating the resident's performance, use as your standard the level of knowledge, skills and attitudes expected from the clearly satisfactory resident at this stage of training. For any component that needs attention or is rated a 4 or less, please provide specific comments and recommendations on the back of the form. Be as specific as possible, including reports or critical incidents and/or outstanding performance. Global adjectives or remarks, such as 'good resident', do not provide meaningful feedback to the resident.

- 9 = Among the top five residents ever trained at UNSOM
- 8 = Clearly superior to most residents ever trained at UNSOM
- 7 = In the top third of all residents ever trained at UNSOM
- 6 = Well above average
- 5 = Average performance (Average is not bad)
- 4 = Slightly below average
- 3 = Needs improvement but not dangerous
- 2 = Dangerous and requires intense remediation
- 1 = Should not be allowed to finish the year

Patient Care

Incomplete, inaccurate medical interviews, physical examinations and review of other data; incompetent performance of essential procedures; fails to analyze clinical data and consider patient preferences when making medical decisions.

Superb, accurate, comprehensive medical interviews, physical examinations, review of other data, and procedural skills; always makes diagnostic and therapeutic decisions based on available evidence, sound judgment, and patient preferences.

Unsatisfactory			Satisfactory			Superior			Insufficient Contact to Judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Remaining Characters: 5,000

Medical Knowledge

Limited knowledge of basic and clinical sciences; minimal interest in learning; does not understand complex relations, mechanisms of disease

Exceptional knowledge of basic and clinical sciences; highly resourceful development of knowledge; comprehensive understanding of complex relationships, mechanisms of disease

Unsatisfactory			Satisfactory			Superior			Insufficient Contact to Judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Plastic Surgery Resident Evaluation (Continued)

10/7/2020

New Innovations::Evaluations

Remaining Characters: 5,000

Practice-Based Learning/Improvement

Fails to perform self-evaluation; lacks insight, initiative; resists or ignores feedback; fails to use information technology to enhance patient care or pursue self-improvement

Constantly evaluates own performance, incorporates feedback into improvement activities; effectively uses technology to manage information for patient care and self-improvement

Unsatisfactory			Satisfactory			Superior			Insufficient Contact to Judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Remaining Characters: 5,000

Interpersonal and Communication Skills

Does not establish even minimally effective therapeutic relationships with patients and families; does not demonstrate ability to build relationships through listening, narrative or nonverbal skills; does not provide education or counseling to patients, families, or colleagues

Establishes a highly effective therapeutic relationship with patients and families; demonstrates excellent relationship building through listening, narrative and nonverbal skills; excellent education and counseling of patients, families, and colleagues; always "interpersonally" engaged.

Unsatisfactory			Satisfactory			Superior			Insufficient Contact to Judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Remaining Characters: 5,000

Professionalism

Lacks respect, compassion, integrity, honesty; disregards need for self-assessment; fails to acknowledge errors; does not consider needs of patients, families, colleagues; does not display responsible behavior

Always demonstrates respect, compassion, integrity, honesty; teaches/role models responsible behavior; total commitment to self-assessment; willingly acknowledges errors; always considers needs of patients, families, colleagues

Unsatisfactory			Satisfactory			Superior			Insufficient Contact to Judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Remaining Characters: 5,000

Systems-Based Practice

Unable to access/mobilize outside resources; actively resists efforts to improve systems of care; does not use systematic approaches to reduce error and improve patient care

Effectively access/utilizes outside resources; effectively uses systematic approaches to reduce errors and improve patient care; enthusiastically assists in developing systems' improvement

Unsatisfactory			Satisfactory			Superior			Insufficient Contact to
1	2	3	4	5	6	7	8	9	

Plastic Surgery Resident Evaluation (Continued)

10/7/2020

New Innovations::Evaluations



Comments

Remaining Characters: 5,000

Overall Competence

Resident's Overall Clinical Competence in Plastic Surgery

Unsatisfactory

Satisfactory

Superior



Comments

Remaining Characters: 5,000

Overall Comments:

Remaining Characters: 5,000

Close Window

Resident Professional Behavior Evaluation Form

Nurse Evaluator Form

John Brosious, MD | Program Director, Plastic Surgery Residency -- Phone (702) 671-2278

Name of Resident _____ Date of Evaluation _____
 Nurse Evaluator's Name (Optional) _____
 Nurse Evaluator's Signature (Optional) _____
 Evaluator's Nursing Unit and Work Phone Number (Optional) _____

1. Please provide your assessment of this resident's overall professional behavior. Consider the resident's ability to communicate effectively in educating patients and their families. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
 Excellent Very Good Good Fair Poor
2. Work effectively with healthcare professionals, facilitate learning of nurses and other healthcare professionals communicate information legibly and effectively in the written record, provide appropriate informed consent, and work with nurses in assisting patients in dealing with healthcare system complexities.
 Excellent Very Good Good Fair Poor
3. Communicates information legibly and effectively in the written record, provide appropriate informed consent.
 Excellent Very Good Good Fair Poor
4. Indicate areas where this resident's performance is either consistently outstanding, satisfactory, or unsatisfactory. This section of the evaluation is intended to identify areas, positive and negative, that deserve special attention. It is assumed that many residents, who are performing competently and on occasion demonstrate outstanding performance, will receive no checkmarks in this section.

	Consistently Outstanding	Satisfactory (Competent)	Unsatisfactory (Needs more training)
• Listens and communicates effectively in educating patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Works effectively with healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Facilitates the learning of nurses and other healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates sensitivity and responsiveness to patients' culture, age, gender, and disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Works with nurses in assisting patients in dealing with healthcare system complexities (home nursing, nursing home placement, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Provides comments regarding the resident's major strengths and/or weaknesses in the area of Professional behavior. Include specific suggestions to help this resident improve his/her professional behavior.

6. This evaluation is based on the following amount of time spent in professional interaction with this resident.
 Almost every day Several times a week Almost every week Once or twice a month

RESIDENT'S SIGNATURE: _____ **DATE:** _____

Peer Resident Evaluation

Name of Evaluator: _____ Name of Resident: _____

Rotation: _____ Date: _____

Please rate the resident in the following competencies & comment as appropriate. Circle the rating that best describes the resident's performance with a "3" rating being equal to a clearly satisfactory resident at this stage of training.

PATIENT CARE	Unsatisfactory		Satisfactory	Superior			Cannot Rate
Poor procedural skills	1	2	3	4	5	Exceptional procedural skills	●
Doesn't teach patients	1	2	3	4	5	Extensive written & verbal patient education	●
Doesn't take ownership/follow through	1	2	3	4	5	Takes great care of patients	●

Comments:

MEDICAL KNOWLEDGE	Unsatisfactory		Satisfactory	Superior			Cannot Rate
Frequently unsure of how to proceed	1	2	3	4	5	Able to integrate information to form plan	●
Has difficulty obtaining/using available data	1	2	3	4	5	Effectively & efficiently collects & uses data	●
Disinterested in continuous learning	1	2	3	4	5	Frequently looks for new information	●

Comments:

Peer Resident Evaluation (Continued)

PRACTICE-BASED LEARNING & IMPROVEMENT	Unsatisfactory		Satisfactory	Superior			Cannot Rate
	1	2	3	4	5		
Ineffectively complains about problems	1	2	3	4	5	Seeks to partner with others for solutions	●
No use of information technology (IT)	1	2	3	4	5	Frequently & effectively uses information technology (IT)	●

Comments:

INTERPERSONAL COMMUNICATION SKILLS	Unsatisfactory		Satisfactory	Superior			Cannot Rate
	1	2	3	4	5		
Poor listener/communicator	1	2	3	4	5	Great listener/communicator	●
Poor rapport with patients	1	2	3	4	5	Excellent rapport with patients	●
Aloof, negative, dread working with this resident	1	2	3	4	5	Friendly, upbeat, look forward to seeing this resident	●

Comments:

PROFESSIONALISM	Unsatisfactory		Satisfactory	Superior			Cannot Rate
	1	2	3	4	5		
Abusive to patients and/or staff, copes poorly	1	2	3	4	5	Always respectful, copes well	●
Tardy; unprofessional appearance & demeanor	1	2	3	4	5	Prompt; professional appearance & demeanor	●
Disregards cultural, age, gender, disability issues	1	2	3	4	5	Sensitive to special issues	●

Comments:

Peer Resident Evaluation (Continued)

SYSTEMS-BASED PRACTICE	Unsatisfactory		Satisfactory	Superior			Cannot Rate
Not a patient advocate	1	2	3	4	5	Advocates for patients in system	●
Cares only for self	1	2	3	4	5	Sees & helps meet needs of others	●
Makes the program look bad	1	2	3	4	5	A great representative of the program	●

Comments:

Other Comments:

Evaluator's Signature:

Please return this form to:

Susan Thompson, Sr. Residency/Fellowship Coordinator
 UNLV SOM
 Department of Plastic Surgery
 1701 West Charleston Blvd., Suite 490
 Las Vegas, NV 89102

Resident Self – Evaluation

Name: _____ PGY _____ Date: _____

PLEASE RATE YOURSELF ON THE FOLLOWING SCALE:

**Always
Never**

----- **1** **2** **3** **4** **5** -----

5	4	3	2	1			
						Patient Care	Please give specific details as to why if you chose the rating of 5
						Recognize normal and abnormal findings and generate a differential diagnosis & treatment plan.	
						Understand and properly utilize OR instruments	
						Understand & execute the planned operative procedure including set-up/positioning, proper dissection and closure & utilizing assistants effectively.	
						Appropriately recommend follow-up examinations, understanding impact on costs and information gained	

5	4	3	2	1			
						Medical Knowledge	Please give specific details as to why if you chose the rating of 5
						Regularly read reference textbooks in preparation for rotations	
						Regularly read primary literature to expand knowledge beyond texts and apply to individual cases	
						Identify areas of weakness and adjust study habits to address those problem areas	
						Attend all conferences and maximize time spent in conferences. Incorporate this knowledge into everyday patient care	

5	4	3	2	1			
						Practice-Based Learning and Improvement	Please give specific details as to why if you chose the rating of 5
						Appropriately utilize literature (primary and reference) to work through difficult and puzzling cases, including protocols and interpretation	
						Act as mentor/teacher to students and rotating residents while promoting a positive learning environment.	
						Make suggestions for improvement in the residency program.	
						Make suggestions for improvement in the Surgery Department.	

Resident Self – Evaluation (Continued)

5	4	3	2	1			
						Interpersonal & Communication Skills	Please give specific details as to why if you chose the rating of 5
						Communicate effectively with clinicians	
						Possess a collaborative, cooperative and hospitable working relationship with all members of the Surgery Department.	
						Demonstrate competence, professionalism, and respect for patients including privacy and confidentiality.	
						Act as mentor/teacher to students and rotating residents while promoting a positive learning environment.	
						Participate in RATS.	
						Emphasizes the importance of teamwork and being a team player.	

5	4	3	2	1			
						Professionalism	Please give any specific details as to why if you chose the rating of 5
						Adhere to time and attendance guidelines	
						Flexible in view of interruptions, emergencies and schedule changes, including call	
						Anticipate needs of patients/visitors	
						Prepare for conference and rotations through both case preparation and general reading	
						Record keeping completed in a timely manner.	
						Present a professional image in attire and demeanor. Wear ID badge.	

5	4	3	2	1			
						Systems-Based Practice	Please give specific details as to why if you chose the rating of 5
						Work efficiently with staff, therapists, nurses, hospital and clinic staff	
						Understand how to use various resources	
						Familiar with routine protocols and understand when they must be altered to answer specific questions	
						Utilization of staff to aid in planning for difficult or puzzling cases	
						Ask for help when needed	
						Good steward of hospital resources	

Strengths:
Areas for improvement:
Plan to make these improvements:
Goals for next 6 months:
Goals for 1 year:

UNLVSOM Resident Policies:

Procedures for Resident Physician's Complaints/Grievances

I. Introduction

1. A resident's complaint or grievance must be given appropriate attention.
2. If the resident has a complaint, such as a disagreement with an evaluation or status in the program, working conditions, poor treatment by others, etc., he/she should attempt to resolve the complaint through informal channels with the program director and/or the department chair.
3. If this fails, then the resident should follow the procedure below.

II. Procedure

1. If the resident feels that his/her complaint or grievance has not been satisfactorily addressed, he/she should contact, in writing (email is acceptable):

Associate Dean for Graduate Medical Education
UNLV SOM
2040 W. Charleston Blvd., Suite 507
Las Vegas, NV 89102
kate.martin@unlv.edu

2. If the resident still does not feel the complaint or grievance has been satisfactorily addressed, he/she should contact, in writing (email is acceptable) the Dean of the School of Medicine, whose decision on the matter is final.
3. No complaint or grievance will be considered if the issue presented by the resident has already been the subject of disciplinary procedures and due process under the UNLV SOM Due Process policy (see pages 75 of this handbook).
4. For complaints regarding equal employment opportunity or sexual harassment, please see Board of Regents Handbook, Title 4, Chapter 8 and/or the NSHE Sexual Harassment Policy (Appendix III).

UNLVSOM Resident Policies:

Resident Due Process

I. Introduction

1. Residents may request due process, as described in this policy, when any of the following disciplinary actions is contemplated:
 - a. Probation/remediation
 - b. Suspension
 - c. Demotion
 - d. Non-promotion
 - e. Dismissal from a program
 - f. Non-renewal of contract ("NNR")

Residents may also request a due process hearing under this policy when remediation is contemplated under the Remediation and Progressive Performance Review Handbook.

2. Disciplinary action may be taken for:
 - a. Academic or knowledge-based reasons (such as failure to meet educational and training standards or requirements);
 - b. Misconduct (including any prohibited conduct as defined by Title 2, Chapter 6 of the Nevada System of Higher Education Code or violation of any policy or procedure contained in the UNLV School of Medicine Resident Handbook); and
 - c. Unprofessional conduct.

II. Policy

Residents may seek review of probation, suspension, demotion, non-promotion, dismissal, nonrenewal of contract and remediation by requesting due process as described in this policy.

III. Procedure

1. Informal Resolution: Nothing in this policy shall be construed to either disallow or mandate the informal resolution of complaints. Complaints resolved by informal means may be written or verbal. Residents and Departments are encouraged, although not required, to seek informal resolution of issues that arise whenever possible. Informal resolution of concerns may be done within a department, through a departmental evaluation or by the Department's Clinical Competency Committee. Informal resolution by agreement may include performance improvement or remediation. The informal resolution reached shall be described in writing, with a copy to the resident's file. The imposition of performance improvement as an informal resolution of a complaint is limited to one time only.
2. Written Complaints: When disciplinary action is contemplated following a complaint, the complaint must be submitted in writing to the Chair of the resident's department with copies to the Associate Dean for Graduate Medical Education. When the complaint involves the resident's activities at an affiliated hospital, a copy will also be sent to the hospital CEO or hospital COO. Written complaints should describe the specific activity, conduct, deficiency or other basis constituting the grounds for the complaint, and provide supporting documentation, if it exists. Upon receipt of written complaint, the Department chair may seek informal resolution described in paragraph III (A) or may request a hearing by a panel of the Resident Performance Review Committee.

Resident Due Process (Continued)

3. Request for Resident Performance Review Committee Panel Hearing: The Associate Dean for Graduate Medical Education shall convene a Panel of the Resident Performance Review Committee under the following circumstances:
 - a. At the request of a Department Chair where it has been determined that informal resolution is not feasible;
 - b. At the request of Department Chair or Resident if an informal resolution of a complaint was attempted but not reached;
 - c. At the request of a Resident if the resident disagrees with the decision to take any of the following actions:
 1. Probation
 2. Suspension
 3. Non-promotion
 4. Dismissal from a program
 5. Non-renewal of contract ("NNR")
 6. Remediation

The request for a hearing must be submitted in writing to the Associate Dean for Graduate Medical Education, unless the action under review is the issuance of an NNR.

The request for an appeal for notices of non-renewal of contract must be made within 15 business days of receipt of the notice of non-renewal and must be submitted to the Dean. The Dean shall notify the Associate Dean for Graduate Medical Education to convene the Resident Performance Review Committee Panel to hear the resident's appeal under the provisions of this policy.

4. Resident Performance Review Committee: This is a standing committee of the GMEC which shall be facilitated and organized by the Associate Dean for Graduate Medical Education within the following guidelines:
 - a. No fewer than 6 members shall be selected from among the program directors and/or associate program directors;
 - b. No fewer than 3 Senior residents shall be selected by peers to serve on the GMEC;
 - c. Members shall serve a term of 12 months;
 - d. The Associate Dean for Graduate Medical Education shall be a non-voting member and shall not be eligible to chair the committee;
 - e. The role of Committee Chair shall rotate among the committee members;
5. Hearing Panel: Upon receiving a request under this policy to convene the Resident Performance Review Committee, the Associate Dean for Medical Education shall establish a Hearing Panel from among the members of the Resident Performance Review Committee.
 - a. The Panel shall be comprised of three program directors/associate program directors and one senior resident, for a total of four members.
 - b. The Associate Dean for Graduate Medical Education shall serve on the Panel as a non-voting member.
 - c. None of the Panel members shall be from the same department as the resident or program director requesting the hearing to avoid conflicts of interest.
 - d. The Associate Dean for Graduate Medical Education shall make every effort to select a Panel from among the standing members of the Resident Performance Review Committee.

Resident Due Process (Continued)

- e. In the event that scheduling conflicts, conflicts of interest or other unforeseen circumstances prevent the establishment of a Hearing Panel from among the standing member of the Resident Performance Review Committee, the Associate Dean for Graduate Medical Education shall select additional Panel members from among the membership of the Graduate Medical Education Committee.
6. Due Process Hearing: The hearing held by the Panel of the Residency Performance Review Committee, also called a "due process hearing" shall be conducted within the following guidelines:
- a. *Responsibilities of the Associate Dean for Graduate Medical Education* The Associate Dean for Medical Education shall:
 - 1) Assemble members from the Resident Performance Review Committee (3 faculty and 1 resident) to form a panel ensuring that there is no conflict of interest;
 - 2) Set a hearing date that is acceptable to all involved in the hearing to the extent practical, with no less than 10 days advance notice to resident of the date of hearing;
 - 3) Arrange for recording of the hearing by certified court reporter (to be charged to resident's department);
 - 4) Provide to resident, at least 10 business days prior to the hearing, the following notice:
 - a. A written statement which shall include a description of the underlying facts to be considered; the action requested by the Department; the date, time, and location of the hearing; and the option for the resident to have legal representation at the hearing. This documentation may be provided electronically.
 - b. At least 7 business days prior to the hearing, provide the resident with copies of all documentation and the names of all witnesses that will be presented by the Department to the panel at the hearing;
 - c. At least 7 business days prior to the hearing, provide the panel with copies of all documentation and the names of all witnesses that will be presented to the panel at the hearing, from both the department and the resident.
 - b. *Responsibilities and Rights of the Resident*: Upon requesting a hearing before the Panel of the Resident Performance Review Committee, the resident shall:
 - 1) At least 10 business days prior to the hearing, receive a written statement which shall include a description of the underlying facts to be considered; the action to be contemplated by the Committee; the date, time and location of the hearing; and the option for resident to have legal representation at the hearing. This documentation may be provided electronically.
 - 2) At least 7 business days prior to the hearing date, receive copies of all documentation and the names of all witnesses that will be presented by the Department to the panel at the hearing;
 - 3) At least 7 business days prior to the hearing date, provide to the Associate Dean for Graduate Medical Education copies of all documentation and the names of all witnesses that will be presented by the resident at the hearing. It is important that the information be available for distribution to the Resident Performance Review Committee Panel prior to the hearing.

Resident Due Process (Continued)

- 4) At least 7 business days prior to the scheduled hearing date, advise the Chair whether the resident will be represented at the due process hearing by an attorney or other advisor. Failure to do so shall result in the resident not being permitted to be accompanied by counsel except for good cause shown or upon written agreement of the parties.
 - 5) At the due process hearing, the resident may:
 - a. Be heard in person;
 - b. Present witnesses and written documentation in support of the resident's position;
 - c. Question adverse witnesses;
 - d. Have an unbiased, confidential hearing;
 - e. Be accompanied by an advisor or legal representative;
 - f. Have the case determination made only on the evidence recorded at the hearing; and
 - g. Receive a written response from the Dean regarding the Dean's decision within 10 business days of the hearing. The Dean's decision is final.
- c. *Role of the Hearing Panel of the Resident Performance Review Committee:* The Hearing Panel of the Resident Performance Review Committee shall:
- 1) Allow the resident 10 business days from receipt of the written statement referenced in paragraph III (F)(1)(e)(i) to prepare a response;
 - 2) Invite the resident (and, if the resident wishes, a legal representative*) to be heard before the committee;
 - 3) Evaluate all documentation provided by the resident and the School of Medicine prior to the hearing date;
 - 4) Allow the resident and Department to present, question and cross-examine witnesses;
 - 5) Question the witnesses presented by the resident and the Department;
 - 6) Deliberate at the close of the presentations before the Panel;
 - 7) Provide recommendations to the Dean, with a copy to the Associate Dean for Graduate Medical Education. The recommendations will set forth the committee's findings and decision and the reason(s) for reaching such decision. The committee's deliberations will not be recorded.
 - 8) The Panel shall make one or more of the following recommendations to the Dean:
 - a. No action against the resident;
 - b. A verbal or written reprimand;
 - c. A period of monitoring, after which the Panel, or its successors, will reconvene to review the case and make its final recommendation;
 - d. The repeat of certain training or education;
 - e. Remediation;
 - f. Suspension from the residency program for a specified length of time;
 - g. The continuance or discontinuance of an emergency suspension by the Dean (if in place);
 - h. Demotion;
 - i. Non-promotion;
 - j. Dismissal from the residency program;
 - k. Affirmation of a Notice of Non-renewal;
 - l. Rescinding of a Notice of Non-renewal.

Resident Due Process (Continued)

- d. *Time Limitation:* The Due Process hearing shall be limited to six hours unless additional time is specifically requested by the resident and his/her representative or the representative of the School of Medicine. Requests for additional time must be made 5 calendar days prior to the hearing and must be approved by the Resident Performance Review Committee Panel Chair. Any additional time granted for the hearing may require a subsequent or different hearing date. Notwithstanding the limitation on time, the resident shall be afforded an equal time period for the presentation of documentation and witnesses at the hearing as the Department.
*If the resident opts to have legal representation, University counsel will participate at the hearing.
7. A resident's failure to request a hearing to review an adverse decision or to appear at a scheduled hearing, will be treated as consent to the action.
 8. Action under these procedures shall go forward regardless of other possible or pending administrative, civil or criminal proceedings arising out of the same or other events.
 9. Except upon dismissal from their program, and in that event, only upon a final decision regarding dismissal, residents will be entitled to receive their regular compensation during any period of disciplinary action up to the end of the appointment period.
 10. Deviation from these procedures will not invalidate a decision or proceeding unless it is determined by the Dean, in the Dean's sole discretion, that the course of the proceedings would have been substantially different had the deviation not occurred. A deviation may be brought to the attention of the Dean by the resident, the Department, the Associate Dean for Graduate Medical Education or any member of the Panel.
 11. Technical departures from or errors in following the procedures established in the [NSHE] Code or in any applicable stated prohibition, policy, procedure, rule, regulation or bylaw of a System institution under which disciplinary procedures are being invoked shall not be grounds to withhold disciplinary action unless, in the opinion of the Dean, the technical departures or errors were such as to have prevented a fair and just determination of the charges.
 12. The Associate Dean for Graduate Medical Education will be required to notify the Nevada Board of Medical Examiners or the Nevada Board of Osteopathic Examiners, as applicable, when a resident has been disciplined under these Guidelines and the Dean has rendered a final decision.

Revised January 2017

Approved by GMEC April 2017

UNLVSOM Resident Policies:

Resident Wellness

I. Policy

1. In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.
2. The University of Nevada, Las Vegas (UNLV) School of Medicine is committed to providing a safe environment and to protecting the health and welfare of patients, students, faculty, visitors and employees as well as residents.
3. Residents are expected to report to the UNLV School of Medicine programs fit for duty, which means they are able to perform their clinical duties in a safe, appropriate and effective manner showing concern, respect, care and cooperation with faculty, staff, patients and visitors.
4. The UNLV School of Medicine encourages residents to seek assistance voluntarily before clinical, educational and professional performance is affected.

II. Resident responsibility

1. Residents are responsible for reporting to the UNLV School of Medicine fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from the adverse effects of physical, mental, emotional and personal problems including impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
2. Residents are responsible for assessing and recognizing impairment, including illness and fatigue, in themselves and in their peers.
3. If a resident is experiencing problems, he/she is encouraged to voluntarily seek assistance before clinical, educational and professional performance; interpersonal relationships or behavior are adversely affected. Residents, who voluntarily seek assistance for physical, mental, emotional and/or personal problems, including drug and alcohol dependency, before their performance is adversely affected, will not jeopardize their status as a resident by seeking assistance.
4. Residents must maintain their health through routine medical and dental care and if needed mental health care. Non-urgent appointments may be scheduled in advance with appropriate permission using their allocated sick time.
5. At no time will residents be denied visits for acute care for illnesses (physical or mental) or dental emergencies during work hours.

Resident Wellness (Continued)**III. Residency Training Program Responsibility**

1. It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct.
2. If a program director or faculty member observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the member must take steps to verify the impairment and take appropriate actions.
3. Chief residents should also be aware of the behavior and conduct of junior residents. If a Chief resident observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the chief resident should immediately notify the program director or designee.
4. Program directors are encouraged to implement a mental health screening tool at all semiannual assessments that screen for burnout and/or depression. Suggested methods are the Adult APGAR, the Maslach Burnout Inventory/validated questions from the inventory or other nationally validated instruments – lists available to program directors.
5. It is the responsibility of the Program to provide reasonable accommodations (i.e. duty assignments, on-call schedules), to enable the resident to participate in mandated counseling.
6. It is the responsibility of the Program to provide opportunities for excessively fatigued residents to take therapeutic naps and to provide facilities for residents to sleep if too tired to return to their homes following clinical duties.
7. The program along with the Sponsoring Institution must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.
8. The program along with the sponsoring institution must provide access to confidential, affordable mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

IV. Resources Available to all Residents and Fellows

1. Physician impairment and substance abuse, counseling and psychological services
 - a. Resident physicians are provided a confidential means of seeking and obtaining treatment for addictive disease and mental or physical impairment.

Subsequently the Program Director must be informed and will decide further action, if any. The Program Director will make all efforts to confirm the accuracy and the validity of the observations brought to the Program Director's attention. Added consultation should be obtained with the Chair, the Associate Dean for Graduate Medical Education and/or the Dean of the School of Medicine.

Resident Wellness (Continued)

- b. If further consultation is needed, the Program Director, in agreement with the resident, will pursue a course of action of referral of the resident to counseling and/or psychiatry services.
- c. Non-compliance by the Resident may justify relief from patient care responsibilities or may be an indication for utilizing the disciplinary process as described. (Disciplinary procedures for Resident physicians, University of Nevada, Las Vegas School of Medicine and affiliated hospitals and Due Process Policy, University of Nevada, Las Vegas School of Medicine)
- d. The continuing service of the Resident in patient care will depend upon expert advice regarding Resident capability, degree of disability and compliance with any planned treatment as determined by counseling/psychiatric evaluation and the Program Director. The Program Director has the responsibility to insure that these guidelines are maintained.
- e. Any continuing treatment will be monitored by the appropriate selected counseling/psychiatric entity or person, and the Program Director will be required to be aware of the outcome in determining the fitness of the Resident to return to patient care responsibility.
- f. During all phases of the counseling and consultation process, complete privacy and confidentiality for the resident must be maintained.
- g. Contacts:
 - 1. Nevada Health Professionals Assistance Foundation, 9811 West Charleston Boulevard Suite 2-382, Las Vegas, Nevada 89117 Peter Mansky, M.D., (702) 341- 7278 or (702) 521-1398
 - 2. Ceridian LifeWorks Employee Assistance Program, Nevada System of Higher Education, 877-234-5151 or online at www.lifeworks.com (user ID: NSHE, password: EAP)
 - 3. The American Foundation for Suicide Prevention:
 - a. National Suicide Prevention Lifeline: 1-800-273-8255
 - b. CRISIS chat – text HELLO to 741-741.

2. Resident Guidance and Counseling for corrective action, remediation, and assistance.

- a. If a serious and obvious emotional psychiatric issue exists, then prompt specialized psychiatric consultation should be obtained by the program/resident. Names will be provided by the GME office. If a social or maladaptive or gender/cultural/ethnic issue exists; (for example, sexual harassment), counseling regarding these concerns may be accessed through the Associate Dean for Diversity and Inclusion at 702-895-5580, or the Office of Diversity Initiatives at 702-895-5580.
- b. If the need for Critical Incident Stress counseling occurs, , who is specifically trained and certified for this response, is available at 702-895-0717
- c. Contacts:
 - 1. Employee Assistance Program (EAP) –LifeWorks through NSHE (or through any other insurance carried by resident) 877-234-5151 or online at www.lifeworks.com (user id: NSHE password: EAP)
 - 2. UNLV School of Medicine Psychiatry Department 702-671-6475
 - 3. GME Office @ 702-895-0200
 - 4. Human Resources @ 702-895-2532

Approved by GMEC April 2017

APPENDIX III – NSHE Sexual Harassment Policy and Complaint Procedure

Sexual harassment of students, employees, and users of university facilities is unacceptable and prohibited.

NSHE POLICY AGAINST SEXUAL HARASSMENT AND COMPLAINT PROCEDURE

BOARD OF REGENTS HANDBOOK

TITLE 4, CHAPTER 8, SECTION 13

A. Sexual Harassment is Illegal under Federal and State Law.

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal.

No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance. It is expected that students, faculty and staff will treat one another with respect.

B. Policy Applicability and Sanctions.

All students, faculty, staff, and other members of the campus community are subject to this policy. Individuals who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Other, lesser sanctions may be imposed, depending on the circumstances. This policy is not intended to and does not infringe upon academic freedom in teaching or research as established in the NSHE Code, Ch. 2.

C. Training.

All employees shall be given a copy of this policy and each institution's Human Resources Office shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and each institution's Human Resources Office shall maintain documentation that each new employee received the policy.

Each institution shall include this policy and complaint procedure in its general catalog.

Each institution shall have an on-going sexual harassment training program for employees.

APPENDIX III – NSHE Sexual Harassment Policy and Complaint Procedure (Continued)**D. Sexual Harassment Defined.**

Under this policy, unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature constitute sexual harassment when:¹¹⁹

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic status;
2. Submission to or rejection of the conduct is used as a basis for academic or employment decisions or evaluations, or permission to participate in an activity; or
3. The conduct has the purpose or effect of substantially interfering with an individual's academic or work performance, or of creating an intimidating, hostile or offensive environment in which to work or learn.

Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- It may occur between individuals of the opposite sex or of the same sex.
- It may occur between students, between peers and/or co-workers, or between individuals in an unequal power relationship.
- It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
- It may consist of repeated actions or may even arise from a single incident if sufficiently severe.
- It may also rise to the level of a criminal offense, such as battery or sexual assault.

Determining what constitutes sexual harassment under this policy will be accomplished on a case by case basis and depends upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of sexual harassment. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include disciplinary processes as stated above.

Examples of unwelcome conduct of a sexual nature that may constitute sexual harassment may, but do not necessarily, include, and are not limited to:

- physical assault.
- sexually explicit statements, comments, questions, jokes, innuendoes, anecdotes, or gestures.
- unnecessary touching, patting, hugging, or brushing against a person's body or other inappropriate touching of an individual's body.
- remarks of a sexual nature about a person's clothing or body.
- use of electronic mail or computer dissemination of sexually oriented, sex-based communications.
- sexual advances, whether or not they involve physical touching.
- requests for sexual favors in exchange for actual or promised job or educational benefits, such as favorable reviews, salary increases, promotions, increased benefits, continued employment, grades, favorable assignments, letters of recommendation.
- displaying sexually suggestive objects, pictures, magazines, cartoons, or screen savers.

APPENDIX III – NSHE Sexual Harassment Policy and Complaint Procedure (Continued)

- inquiries, remarks, or discussions about an individual’s sexual experiences or activities and other written or oral references to sexual conduct.
- Even one incident, if it is sufficiently serious, may constitute sexual harassment. One incident, however, does not usually constitute sexual harassment.

Procedure

The Chancellor and each president shall designate no fewer than two administrators to receive complaints of alleged sexual harassment. The administrators designated to receive the complaints may include the following: (1) the Human Resources Officer at the institution; (2) the Affirmative Action Program Officer; or (3) any other officer designated by the president. If the Human Resources Officer or the Affirmative Action Program Officer or another officer designated by the president, is not the individual who initially receives the complaint or alleged sexual harassment, then the individual who initially receives the complaint must immediately forward the complaint to either the Human Resources Officer or the Affirmative Action Program Officer.

An individual filing a complaint of alleged sexual harassment shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by the Human Resources Officer or the Affirmative Action Program Officer, or by their designee. It shall be the choice of the individual filing the complaint to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the alleged victim. The means and manner by which an independent advisor shall be made available shall be determined by each institution or unit.

Supervisors’ Responsibilities: Every supervisor has responsibility to take reasonable steps intended to prevent acts of sexual harassment, which include, but are not limited to:

- Monitoring the work and school environment for signs that harassment may be occurring.
- Refraining from participation in, or encouragement of actions that could be perceived as harassment (verbal or otherwise).
- Stopping any observed acts that may be considered harassment, and taking appropriate steps to intervene, whether or not the involved individuals are within his/her line of supervision; and
- Taking immediate action to minimize or eliminate the work and/or school contact between the two individuals where there has been a complaint of harassment, pending investigation.

If a supervisor receives a complaint of alleged sexual harassment, or observes or becomes aware of conduct that may constitute sexual harassment, the supervisor must immediately contact one of the individuals identified above to forward the complaint, to discuss it and/or to report the action taken. Failure to take the above action to prevent the occurrence of or stop known harassment may be grounds for disciplinary action.

APPENDIX III – NSHE Sexual Harassment Policy and Complaint Procedure (Continued)

Complaints of sexual harassment must be filed within one hundred eighty (180) calendar days after the discovery of the alleged act of sexual harassment with the supervisor, department chair, dean, or one of the administrators listed above and/or designated by the president to receive complaints of alleged sexual harassment. Complaints of prohibited conduct, including sexual harassment, filed with an institution’s administrative officer pursuant to NSHE Code Chapter 6, Section 6.8.1, are not subject to this 180 day filing requirement.

a. Employees.

- 1) An employee who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the employee for rejecting the conduct.
- 2) The employee may also choose to file a complaint with his or her immediate supervisor, who will in turn immediately contact one of the officials listed above.
- 3) If the employee feels uncomfortable about discussing the incident with the immediate supervisor, the employee should feel free to bypass the supervisor and file a complaint with one of the other listed officials or any other supervisor.
- 4) After receiving any employee's complaint of an incident of alleged sexual harassment, whether or not the complaint is in writing, the supervisor will immediately contact any of the individuals listed above to forward the complaint, to discuss it and/or to report the action taken. The supervisor has a responsibility to act even if the individuals involved are not supervised by that supervisor.

b. Students.

- 1) A student who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the student for rejecting the conduct.
- 2) The student may also choose to file a complaint with his or her major department chair, who will in turn immediately contact one of the officials listed above.
- 3) If the student feels uncomfortable about discussing the incident with the department chair, the student should feel free to bypass the chair and file a complaint with one of the above officials or to any chair or dean, who will in turn immediately contact one of the officials listed above to forward the complaint, whether or not the complaint is in writing, to discuss it and/or to report the action taken. The chair or dean has a responsibility to act even if the individuals are not supervised by that chair or dean.

APPENDIX III – NSHE Sexual Harassment Policy and Complaint Procedure (Continued)

- c. Non-Employees and Non-Students.
Individuals who are neither NSHE employees nor NSHE students and who believe they have been subjected to sexual harassment by a NSHE employee during the employee's work hours or by a NSHE student on campus or at a NSHE-sponsored event may utilize any of the complaint processes set forth above in this section.

- d. Investigation and Resolution.
 - 1) After receiving a complaint of the incident or behavior, an investigation by one of the above listed officials will be initiated to gather information about the incident. Each institution may set guidelines for the manner in which an investigation shall be conducted.
 - 2) At the completion of the investigation, a recommendation will be made to the appropriate management regarding the resolution of the matter. The recommendation is advisory only. 122
 - 3) After the recommendation has been made, a determination will be made by appropriate management regarding the resolution of the matter. If warranted, disciplinary action up to and including involuntary termination or expulsion will be taken. Any such disciplinary action shall be taken in accordance with NSHE Code Chapter 6, or, in the case of classified employees, NAC Chapter 284. Other appropriate actions will be taken to correct problems, if any, caused by or contributing to the conduct. If proceedings are initiated under Chapter 6, the investigation conducted pursuant to this policy may be used as the Chapter 6 investigation. The administrative officer, in his or her discretion, may also supplement the sexual harassment investigation with additional investigation.
 - 4) After the appropriate management has made a determination regarding the resolution of the matter, and depending on the circumstances, both parties may be informed of the resolution. Certain actions made confidential under NSHE Code Chapters 5 and 6 or NAC Chapter 284 shall remain confidential.

E. Prompt Attention.

Complaints of sexual harassment are taken seriously and will be dealt with promptly. Where sexual harassment is found to have occurred, the NSHE institution or unit where it occurred will act to stop the harassment, to prevent its recurrence, and to discipline those responsible.

F. Confidentiality.

The NSHE recognizes that confidentiality is important. However, confidentiality cannot be guaranteed. The administrators, faculty or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible. Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstances where the NSHE is required by law to disclose information (such as in response to legal process), or when an individual is in harm's way.

APPENDIX III – NSHE Sexual Harassment Policy and Complaint Procedure (Continued)**G. Retaliation.**

Retaliation against an individual who in good faith complains of alleged sexual harassment or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including termination and/or expulsion. Any employee or student bringing a sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment and/or academic standing, nor discriminated against, terminated, or expelled because of the complaint. Intentionally providing false information is also grounds for discipline.

“Retaliation” may include, but is not limited to, such conduct as:

- the denial of adequate personnel to perform duties;
- frequent replacement of members of the staff;
- frequent and undesirable changes in the location of an office;
- the refusal to assign meaningful work;
- unwarranted disciplinary action;
- unfair work performance evaluations;
- a reduction in pay;
- the denial of a promotion;
- a dismissal;
- a transfer;
- frequent changes in working hours or workdays;
- an unfair grade;
- an unfavorable reference letter.

H. Relationship to Freedom of Expression.

The NSHE is committed to the principles of free inquiry and free expression. Vigorous discussion and debate are fundamental rights and this policy is not intended to stifle teaching methods or freedom of expression. Sexual harassment, however, is neither legally protected expression nor the proper exercise of academic freedom; it compromises the integrity of institutions, the tradition of intellectual freedom and the trust placed in the institutions by their members.

Effective 5/2003

General Information

The Nevada State Board of Medical Examiners has memorandums of understanding with the following providers to provide assessment, treatment and/or referral for health professionals.

If you or a colleague are in need of these of services, or need to inquire regarding fees, please contact the organization(s) directly:

Nevada Professionals Assistance Program (NPAP)

Services available in northern and southern Nevada

Contacts: Ben Seymour, CADC; Michel Sucher, M.D.
Address: P.O. Box 13600, Scottsdale, AZ 85267-3600
Phone: 866-460-9014
E-mail: info@nevadaphp.com

Professional Recovery Network (PRN)

Services available in northern and southern Nevada

Contact: Larry Espadero, LADC
Address: Please call for address
Phone: 702-562-1230
E-mail: larryeprn@gmail.com

RESIDENCY PROGRAM
Competency Based Goals & Objectives
PGY-1 to PGY-6

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-1

Site Location:	UNLV SOM 1701 W. Charleston Blvd., Suite 490 Las Vegas, NV. 89102
Chairman:	Richard Baynosa, MD
Program Director:	John Brosious, MD
Associate Program Director:	Joshua Goldman, MD
Faculty:	John Menezes, MD & Ashley Pistorio, MD
Assigned Residents:	PGY-1
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Semi-annual Evaluation Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: The resident will achieve detailed knowledge of the evaluation and management of plastic surgical patients.

- Attend weekly conference and actively discuss readings from designated reference texts
- Complete course work and testing to obtain Basic and Advanced Cardiac Life Support and Advanced Trauma Life Support certification.
- Attend and actively discuss readings in Journal Clubs
- Attend Faculty and Guest Basic Science and Clinical Lectures.
- Participate actively in all discussions in Mortality and Morbidity Conference.
- Describe the pathophysiology applied to surgical diseases.
- Demonstrate knowledge of normal and distributed physiology causing surgical diseases.
- Apply physiological knowledge to the clinical and operative management of surgical diseases.
- Apply investigatory, analytical, and evidence-based approaches to clinical decision making.
- Attend and actively participate in the Surgical Skills Program.
- Complete the American Board of Surgery In-Training Examination.
- All PGY-1 Residents must complete USMLE Part 2.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-1 (Continued)**PATIENT CARE**

GOAL: The resident will provide patient care that is compassionate, appropriate and effective for the treatment of the surgical patient.

- Acquire self-confidence and the ability to develop differential diagnoses and management plans through history and physical examination.
- Perform pre and post-operative care of patients with the basic understanding of pathophysiology as applied to surgical diseases.
- Understand the principles involved in operations, handling of tissues, dissection of tissues planes, suture-ligature techniques and masters "simple" operative procedures.
- Master techniques of using and placing subclavian, chest tubes, endotracheal tubes, IVs, CVPs, arterial lines, and standard aseptic techniques.
- Demonstrate initial management of life threatening surgical illnesses and be adept at resuscitation.
- Prepare for and formulate an operative plan prior to operations.
- Demonstrate good judgment, safety, and effective technical skills in operative cases.

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Interact with peers regarding operative cases and provide feedback about the scientific literature at the didactic sessions (clinical conferences, Evidenced Based Review of Surgery readings, and oral discussions).
- Listen to patients and their families.
- Gather essential information from patients; document patient encounters accurately and completely.
- Demonstrate effective communication strategies to interact with patients and families from diverse backgrounds.
- Provide therapeutic relationships with patients using effective listening skills and candid feedback.
- Educate patients and families about the pre-and post-operative care of the surgical patient.
- Respond promptly and considerately to requests of attending physicians and staff.
- Demonstrate effective interpersonal skills with patients, their families and health professionals.
- Write orders and progress reports in a coherent legible format.
- Communicate effectively the risks and benefits of the intended procedure to the patient and family.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-1 (Continued)**PROFESSIONALISM**

GOAL: The resident will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Understand and use the chain of command on the resident service.
- Dress in a respectable and conservative manner at conferences and at office.
- Respond and answer pages promptly.
- Attend and actively participate in all weekly conferences.
- Apply time management principles as necessary to be accountable to patients, and other health care professionals.
- Be respectful and responsive to the needs of patients.
- Demonstrate a commitment to ethical principles, maintain confidentiality of patient information, informed consent, and other business practices.
- Complete operative case logs and medical reports in a timely manner.

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The resident will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices.

- Analyze, critique and review surgical literature as it applies to evidence-based medicine.
- Assess annual ABSITE scores, and develop study techniques that can be applied to preparation for plastic surgery in-service exam
- Use information technology to access medical literature and select treatment strategies.
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills.
- Attend and actively participate in didactic presentations such as journal club.
- Attend and actively participate in the educational and didactic sessions.
- Teach and be a role model for medical students.
- Participate in clinical research (optional).

SYSTEMS-BASED PRACTICE

GOAL: The resident will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Attend and actively participate in the Interdisciplinary Grand Rounds monthly.
- Consult with other members of the health care team to prove cost-efficient health care for patients.
- Apply cost-effective care in ordering tests and planning interventions.
- Provide consultations for other services.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-2

Site Location:	UNLV SOM 1701 W. Charleston Blvd., Suite 490 Las Vegas, NV. 89102
Chairman:	Richard Baynosa, MD
Program Director:	John Brosious, MD
Associate Program Director:	Joshua Goldman, MD
Faculty:	John Menezes, MD & Ashley Pistorio, MD
Assigned Residents:	PGY-2
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Semi-annual Evaluation Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: The resident will achieve detailed knowledge of the evaluation and management of plastic surgical patients.

- Attend and actively discuss readings and questions from assigned weekly reference text chapters
- Attend Faculty and Guest Basic Science and Clinical Lectures.
- Participate actively in all discussions in Mortality and Morbidity Conference.
- Formulate diagnostic treatment plans with thorough understanding of the basic science principles applicable to plastic surgery.
- Read, understand and analyze classic articles on plastic surgical cases as dictated by cases encountered
- Understand the pathophysiology applied to plastic surgical diseases.
- Demonstrate knowledge of normal and distributed physiology causing surgical diseases.
- Apply physiological knowledge to the clinical and operative management of plastic surgical diseases.
- Apply investigatory, analytical, and evidence-based approaches to clinical decision making.
- Understand the concepts of complex wound care.
- Attend and actively participate in the Surgical Skills Program.
- Complete Plastic Surgery In-Service training exam
- Complete the USMLE Part 3 Exam.

PATIENT CARE

GOAL: The resident will provide patient care that is compassionate, appropriate and effective for the treatment of the plastic surgical patient.

- Demonstrate responsibility for overall care of patients and continue to develop operative skills.
- Demonstrate proficiency in emergency room diagnosis and treatment for plastic surgical diseases
- Be adept at patient care and demonstrate proficiency at triage.
- Understand complex operative procedures; fine tune operative skills.
- Formulate diagnostic and treatment plans applicable to surgery.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-2 (Continued)

- Perform independently the repair of lacerations, reductions of hand fractures and dislocations, and incision and drainage of minor hand infections.
- Demonstrates good judgment, safety, and effective technical skills in operative cases.

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Conduct case presentations at case conferences.
- Interact with peers regarding operative cases and provide feedback about the scientific literature at the didactic sessions
- Gather essential information from patients; document patient encounters accurately and completely.
- Provide therapeutic relationships with patients using effective listening skills and candid feedback.
- Educate patients and their families about the pre-and post-operative care of the surgical patient.
- Respond promptly and considerately to requests of attending physicians and staff.
- Write orders and progress notes in a coherent legible format.
- Interact cooperatively with patients, families, nurses, and other health care professionals to achieve the health-related goals of the patient.
- Communicate effectively the risks and benefits of the intended procedure to the patient and family.
- Acknowledge the contributions of other team members.

PROFESSIONALISM

GOAL: The resident will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Attend and actively participate in all weekly conferences.
- Dress in a respectable and conservative manner at conferences and at office.
- Be respectful and responsive to the needs of patients.
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices.
- Apply time management principles as necessary to be accountable to patients, and other health care professionals.
- Know the chain of command on the resident service.
- Respond and answer pages promptly.
- Display tolerance to other's opinion.
- Accept responsibility for one's own actions.
- Complete operative case logs and medical reports in a timely manner.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-2 (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The resident will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices.

- Teach and be a role model for medical students.
- Analyze, critique and review surgical literature as it applies to evidence-based medicine.
- Assess annual in-service scores to develop an individual study plan as necessary.
- Use information technology to access medical literature and select treatment strategies.
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills.
- Attend and actively participate in the educational and didactic sessions.
- Participate in clinical research (optional).

SYSTEMS-BASED PRACTICE

GOAL: The resident will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Teach and be a role model for medical students.
- Analyze, critique and review surgical literature as it applies to evidence-based medicine.
- Assess annual in-service scores to develop an individual study plan as necessary.
- Use information technology to access medical literature and select treatment strategies.
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills.
- Attend and actively participate in the educational and didactic sessions.
- Participate in clinical research (optional).

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-3

Site Location:	UNLV SOM 1701 W. Charleston Blvd., Suite 490 Las Vegas, NV. 89102
Chairman:	Richard Baynosa, MD
Program Director:	John Brosious, MD
Associate Program Director:	Joshua Goldman, MD
Faculty:	John Menezes, MD & Ashley Pistorio, MD
Assigned Residents:	PGY-3
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Semi-annual Evaluation Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: The resident will achieve detailed knowledge of the evaluation and management of surgical patients.

- Attend and actively discuss readings and answer questions from the assigned weekly reference chapters
- Attend Faculty and Guest Basic Science and Clinical Lectures.
- Participate actively in all discussions in Mortality and Morbidity Conference.
- Acquire thorough understanding of basic reconstruction principles
- Demonstrate an understanding of the anatomy as pertinent to plastic surgery
- Demonstrate an understanding of the physiology of wound healing.
- Apply knowledge of anatomy to the diagnosis and treatment of patients, both in and out of the operating room.
- Demonstrate knowledge of the principles associated with the diagnosis and management of burns, pressure sores, and trunk and extremity reconstruction
- Systematically read and analyze basic plastic surgical literature.
- Conduct in depth reading on plastic surgical cases.
- Obtain basic understanding of cosmetic procedures, as well as associated risks and limitations of cosmetic surgery
- Attend and actively participate in the Surgical Skills Program.
- Complete Plastic Surgery In-Service Training Exam

PATIENT CARE

GOAL: The resident will provide patient care that is compassionate, appropriate and effective for the treatment of the surgical patient.

- Be adept at dissecting tissue planes and handling tissues
- Perform complex operative procedures and acquire a thorough understanding of reconstructive surgery
- Perform overall evaluation and management of a broad spectrum of reconstructive patients
- Be able to outline pre, intra and post-operative treatment plans in detail, including preoperative markings for common procedures.
- Demonstrate a thorough understanding of operative indications and contraindications.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-3 (Continued)

- Demonstrate good judgment, safety, and effective technical skills in operative cases

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Conduct case presentations at case conferences.
- Interact with peers about operative cases and provide feedback about the scientific literature at the didactic
- Demonstrate professional competence in working as a team member.
- Interact, present information, and teach other members of the health-care team.
- Write orders and progress notes in a coherent legible format.
- Interact cooperatively with patients, families, nurses, and other health care professionals to achieve the health-related goals of the patient.
- Provide essential information from patients; document patient encounters accurately and completely.
- Provide therapeutic relationships with patients using effective listening skills and candid feedback.
- Educate patients and their families about the pre-and post-operative care.
- Communicate effectively the risks and benefits of the intended procedure to the patient and family.

PROFESSIONALISM

GOAL: The resident will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Attend and actively participate in all weekly conferences.
- Dress in a respectable and conservative manner at conferences and at office.
- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients.
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices.
- Apply time management principles as necessary to be accountable to patients, and other health care professionals.
- Respond and answer pages promptly.
- Display tolerance to other's opinion.
- Accept responsibility for one's own actions.
- Complete operative case logs and medical reports in a timely manner.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-3 (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The resident will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices.

- Demonstrate proficiency at teaching and being a role model for medical students.
- Assess annual in-service scores and develop an individual study plan as necessary.
- Assess annual Mock Oral Board results to develop an individual study plan as necessary.
- Use information technology to access medical literature and select treatment strategies.
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills.
- Attend and actively participate in the educational and didactic sessions.
- Participate in clinical research (optional).

SYSTEMS-BASED PRACTICE

GOAL: The resident will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Attend and actively participate in the Interdisciplinary Grand Rounds monthly.
- Actively participate in department of surgery educational meetings and resident reviews
- Actively participate in University ACGME committees and internal reviews of other GME programs.
- Actively participate in hospital committees.
- Apply efficient and informative consultations for other services.
- Consult with other members of the healthcare team to provide cost-efficient health care for patients.
- Apply cost-effective care when ordering tests and planning interventions.
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for patients.
- Practice overall patient management both in and out of the operating room.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-4

Site Location:	UNLV SOM 1701 W. Charleston Blvd., Suite 490 Las Vegas, NV. 89102
Chairman:	Richard Baynosa, MD
Program Director:	John Brosious, MD
Associate Program Director:	Joshua Goldman, MD
Faculty:	John Menezes, MD & Ashley Pistorio, MD
Assigned Residents:	PGY-4
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Semi-annual Evaluation Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: The resident will achieve detailed knowledge of the evaluation and management of plastic surgical patients.

- Research literature, prepare for, and demonstrate competence in treating surgical diseases with a thorough understanding of basic science and clinical practice by presenting at Morbidity and Mortality Conference.
- Attend and actively discuss readings and answer questions from weekly assigned reference chapters
- Attend Faculty and Guest Basic Science and Clinical Lectures.
- Demonstrate competence in treating surgical diseases with a thorough understanding of Pathophysiology.
- Define and describe the anatomic aspects of even the most complex plastic surgical operations (free tissue transfer, replantation, cranial vault remodeling, etc.)
- Demonstrate an understanding of the physiology of wound healing.
- Apply knowledge of anatomy to the diagnosis and treatment of patients, both in and out of the operating room.
- Demonstrate knowledge of the principles associated with the diagnosis and management of complex reconstructive procedures.
- Systematically read and analyze basic plastic surgical literature.
- Conduct in depth reading on surgical cases.
- Understand the "limits" of surgical treatment, particularly cosmetic surgery
- Attend and actively participate in the Surgical Skills Program.
- Complete Plastic Surgery In-Training Examination.
- Complete the Mock Oral Exams.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-4 (Continued)**PATIENT CARE**

GOAL: The resident will provide patient care that is compassionate, appropriate and effective for the treatment of the plastic surgical patient.

- Demonstrate independence in the evaluation and management of all aspects of patient care.
- Be proficient at treating plastic surgical diseases and handling standard operative procedures with a thorough understanding of surgical pathophysiology.
- Understand the social and economic needs of patients; demonstrate good understanding of ethical dilemmas.
- Demonstrate good judgment, safety, and effective technical skills in operative cases.

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Interact as a lead member of the health-care team.
- Be highly proficient in interacting with patients, families, nurses, and other health care professionals to achieve the health related goals of the patient.
- Develop therapeutic relationships with patients using effective listening skills and candid feedback.
- Educate patients and their families about the pre-and post-operative care.
- Gather essential information from patients; document encounters accurately and completely.
- Write orders and progress notes in a coherent legible format.
- Communicate effectively the risks and benefits of the intended procedure to the patient and family.

PROFESSIONALISM

GOAL: The resident will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Attend and actively participate in all weekly conferences.
- Dress in a respectable and conservative manner at conferences and at office.
- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients.
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices.
- Apply time management principles as necessary to be accountable to patients, and other health care professionals.
- Coordinate and manage a resident service so as to lead and guide more junior residents.
- Respond and answer pages promptly.
- Display tolerance to other's opinion.
- Accept responsibility for one's own actions.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-4 (Continued)

- Complete operative case logs and medical reports in a timely manner.
- Conduct case presentations at conferences to demonstrate professional leadership skills, medical knowledge, and clinical perspective.

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The resident will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices.

- Be highly proficient at teaching junior residents and medical students.
- Demonstrate leadership and practice management by organizing and running a resident service.
- Review annual in-service scores and develop individual study plan as necessary.
- Assess annual Mock Oral Board results to develop an individual study plan as necessary.
- Use information technology to access medical literature and select treatment strategies.
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills.
- Conduct case presentations at conferences to demonstrate evidence of clinical perspective and medical knowledge (Mortality and Morbidity Conference).
- Attend and actively participate in the educational and didactic sessions.
- Participate in clinical and basic science research (mandatory).

SYSTEMS-BASED PRACTICE

GOAL: The resident will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Attend and actively participate in the Interdisciplinary Grand Rounds monthly.
- Actively participate in University ACGME committees and internal reviews of other GME programs.
- Actively participate in hospital committees.
- Apply efficient and informative consultations for other services.
- Consult with other members of the healthcare team to provide cost-efficient health care for patients.
- Apply cost-effective care when ordering tests and planning interventions.
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for patients.
- Practice overall patient management both in and out of the operating room.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-5

Site Location:	UNLV SOM 1701 W. Charleston Blvd., Suite 490 Las Vegas, NV. 89102
Chairman:	Richard Baynosa, MD
Program Director:	John Brosious, MD
Associate Program Director:	Joshua Goldman, MD
Faculty:	John Menezes, MD & Ashley Pistorio, MD
Assigned Residents:	PGY-5
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Semi-annual Evaluation Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: The resident will achieve detailed knowledge of the evaluation and management of plastic surgical patients.

- Research literature, prepare for, and demonstrate competence in treating plastic surgical diseases with a thorough understanding of basic science and clinical practice by presenting at Morbidity and Mortality Conference.
- Read for, prepare, and demonstrate understanding of weekly assigned chapters in reference text.
- Attend Faculty and Guest Basic Science and Clinical Lectures.
- Demonstrate a thorough understanding of plastic surgical pathophysiology in order to achieve optimal chance of recovery for the patient with minimal morbidity.
- Systematically read and analyze basic plastic surgical literature.
- Attend and actively participate in the Surgical Skills Program.
- Complete Plastic Surgery In-Training Examination.
- Complete the Mock Oral Exams.

PATIENT CARE

GOAL: The resident will provide patient care that is compassionate, appropriate and effective for the treatment of the surgical patient.

- Perform difficult surgical procedures continue to fine tune surgical skills both in and out of the operating room.
- Understand surgical pathophysiology and therapeutic support systems in order to achieve optimal recovery for the patient with limit morbidity.
- Perform non-standard, or counter example cases; consider exceptions.
- Demonstrate good judgment, safety, and effective technical skills in operative cases.
- Participate in a resident-run, attending-supervised cosmetic clinic

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-5 (Continued)**INTERPERSONAL AND COMMUNICATION SKILLS**

GOAL: The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Interact as a lead member of the health-care team.
- Be highly proficient in interacting with patients, families, nurses, and other health care professionals to achieve the health related goals of the patient.
- Develop therapeutic relationships with patients using effective listening skills and candid feedback.
- Educate patients and their families about the pre-and post-operative care of the surgical patient.
- Gather essential information from patients; document encounters accurately and completely.
- Write orders and progress notes in a coherent legible format.
- Conduct presentations at conferences and demonstrate clinical perspective.
- Communicate effectively the risks and benefits of the intended procedure to the patient and family.

PROFESSIONALISM

GOAL: The resident will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Attend and actively participate in all weekly conferences.
- Dress in a respectable and conservative manner at conferences and at office.
- Demonstrate a high standard of personal conduct, is respectful and responsive to the needs of patients.
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices.
- Apply time management principles as necessary to be accountable to patients, and other health care professionals.
- Display proficiency in managing services with greater independence.
- Demonstrate accountability for all actions and outcomes on the service with appropriate supervision and consultation by attending physicians.
- Respond and answer pages promptly.
- Display tolerance to other's opinion.
- Accept responsibility for one's own actions.
- Complete operative case logs and medical reports in a timely manner.
- Conduct case presentations at conferences to demonstrate professional leadership skills, medical knowledge, and clinical perspective.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-5 (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The resident will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices.

- Be highly proficient at teaching junior residents and medical students.
- Demonstrate leadership and management skills by coordinating and running a major resident service with greater independence; be accountable for all actions on the service with consultation and supervision by attending physicians.
- Understand one's own clinical limitations and limitations of surgery in general.
- Assess annual in-service scores and develop an individual study plan as necessary.
- Assess annual Mock Oral Board results to develop an individual study plan as necessary.
- Use information technology to access medical literature and select treatment strategies.
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills.
- Present cases at conferences to demonstrate evidence of clinical perspective and medical knowledge (Re: Mortality and Morbidity Conference).
- Attend and actively participate in the educational and didactic sessions.
- Participate in clinical research (optional).

SYSTEMS-BASED PRACTICE

GOAL: The resident will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Attend and actively participate in the Interdisciplinary Grand Rounds monthly.
- Actively participate in University ACGME committees and internal reviews of other GME programs.
- Actively participate in hospital committees.
- Apply efficient and informative consultations for other services.
- Consult with other members of the healthcare team to provide cost-efficient health care for patients.
- Apply cost-effective care when ordering tests and planning interventions.
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for patients.
- Practice overall patient management both in and out of the operating room.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-6

Site Location:	UNLV SOM 1701 W. Charleston Blvd., Suite 490 Las Vegas, NV. 89102
Chairman:	Richard Baynosa, MD
Program Director:	John Brosious, MD
Associate Program Director:	Joshua Goldman, MD
Faculty:	John Menezes, MD & Ashley Pistorio, MD
Assigned Residents:	PGY-6
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Semi-annual Evaluation Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: The resident will achieve detailed knowledge of the evaluation and management of plastic surgical patients.

- Research literature, prepare for, and demonstrate competence in treating plastic surgical diseases with a thorough understanding of basic science and clinical practice by presenting at Morbidity and Mortality Conference.
- Read for, prepare, and demonstrate understanding of weekly assigned chapters in reference text.
- Attend Faculty and Guest Basic Science and Clinical Lectures.
- Demonstrate a thorough understanding of plastic surgical pathophysiology in order to achieve optimal chance of recovery for the patient with minimal morbidity.
- Systematically read and analyze basic plastic surgical literature.
- Attend and actively participate in the Surgical Skills Program.
- Complete Plastic Surgery In-Training Examination.
- Complete the Mock Oral Exams.

PATIENT CARE

GOAL: The resident will provide patient care that is compassionate, appropriate and effective for the treatment of the plastic surgical patient.

- Perform difficult surgical procedures continue to fine tune surgical skills both in and out of the operating room.
- Understand plastic surgical pathophysiology and therapeutic support systems in order to achieve optimal recovery for the patient with limit morbidity.
- Perform non-standard, or counter example cases; consider exceptions.
- Demonstrate good judgment, safety, and effective technical skills in operative cases.
- Participate in a resident-run, attending-supervised cosmetic clinic

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-6 (Continued)**INTERPERSONAL AND COMMUNICATION SKILLS**

GOAL: The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Interact as a lead member of the health-care team.
- Be highly proficient in interacting with patients, families, nurses, and other health care professionals to achieve the health related goals of the patient.
- Develop therapeutic relationships with patients using effective listening skills and candid feedback.
- Educate patients and their families about the pre-and post-operative care of the surgical patient.
- Gather essential information from patients; document encounters accurately and completely.
- Write orders and progress notes in a coherent legible format.
- Conduct presentations at conferences and demonstrate clinical perspective.
- Communicate effectively the risks and benefits of the intended procedure to the patient and family.

PROFESSIONALISM

GOAL: The resident will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Attend and actively participate in all weekly conferences.
- Dress in a respectable and conservative manner at conferences and at office.
- Demonstrate a high standard of personal conduct, is respectful and responsive to the needs of patients.
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices.
- Apply time management principles as necessary to be accountable to patients, and other health care professionals.
- Display proficiency in managing services with greater independence.
- Demonstrate accountability for all actions and outcomes on the service with appropriate supervision and consultation by attending physicians.
- Respond and answer pages promptly.
- Display tolerance to other's opinion.
- Accept responsibility for one's own actions.
- Complete operative case logs and medical reports in a timely manner.
- Conduct case presentations at conferences to demonstrate professional leadership skills, medical knowledge, and clinical perspective.

GLOBAL COMPETENCY-BASED GOALS AND OBJECTIVES | PGY-6 (Continued)**PRACTICE BASED LEARNING AND IMPROVEMENT**

GOAL: The resident will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices.

- Be highly proficient at teaching junior residents and medical students.
- Demonstrate leadership and management skills by coordinating and running a major resident service with greater independence; be accountable for all actions on the service with consultation and supervision by attending physicians.
- Understand one's own clinical limitations and limitations of surgery in general.
- Assess annual in-service scores and develop an individual study plan as necessary.
- Assess annual Mock Oral Board results to develop an individual study plan as necessary.
- Use information technology to access medical literature and select treatment strategies.
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills.
- Present cases at conferences to demonstrate evidence of clinical perspective and medical knowledge (Re: Mortality and Morbidity Conference).
- Attend and actively participate in the educational and didactic sessions.
- Participate in clinical research (optional).

SYSTEMS-BASED PRACTICE

GOAL: The resident will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Attend and actively participate in the Interdisciplinary Grand Rounds monthly.
- Actively participate in University ACGME committees and internal reviews of other GME programs.
- Participate in semi-annual resident review process
- Actively participate in hospital committees.
- Apply efficient and informative consultations for other services.
- Consult with other members of the healthcare team to provide cost-efficient health care for patients.
- Apply cost-effective care when ordering tests and planning interventions.
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for patients.
- Practice overall patient management both in and out of the operating room.
- Understand basic coding and billing for reconstructive procedures

GENERAL SURGERY | SURGICAL ONCOLOGY | CRS | PGY-1 (2 months)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director: Faculty:	Jennifer Baynosa, M.D. Daniel Kirgan, M.D., Charles St. Hill, M.D. Joseph Thornton, M.D., Ovunc Bardakcioglu, M.D.
Assigned Residents:	PGY-1
Length of Rotation:	2 months
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am – 12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the two months of general surgery, the plastic surgery resident will gain competencies in the provision of care to patients with surgical problems relating to the breast surgery, abdominal surgery, alimentary tract and digestive system, and liver surgery, biliary tract and pancreatic surgery.

OBJECTIVES

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MEDICAL KNOWLEDGE

- Breast Surgery
 - Describe the anatomy of the breast
 - Explain the hormonal regulation of the breast
 - Summarize the incidence, epidemiology, and risk factors associated with breast cancer
- Abdominal Surgery
 - Describe the embryological development of the peritoneal cavity and the positioning of the abdominal viscera
 - Describe the anatomy of the abdomen
 - Explain absorption and secretory functions of the peritoneal surfaces and the diaphragm
 - Describe the anatomy of the omentum and its role in responding to inflammatory processes
- Alimentary Tract and Digestive System
 - Define the basic scientific principles of the alimentary tract and digestive system diseases
- Liver and Biliary Tract
 - Describe the anatomy of the liver and biliary system, including commonly found variations
 - Describe the physiology and function of liver and biliary system
 - Discuss the formation of bile, its composition, and its function in digestion
 - Describe the pathophysiology of gallstone formation
- Pancreas
 - Describe the anatomy of the pancreas, including regional vascular anatomy
 - Discuss the physiology of the pancreas, including endocrine and exocrine function and hormonal regulation

GENERAL SURGERY | SURGICAL ONCOLOGY | CRS | PGY-1 (2 months)
Competency-Based Goals and Objectives (Continued)

PATIENT CARE

- Breast Surgery
 - Obtain an appropriate history to evaluate breast patients
 - Demonstrate an increasing level of skill in the physical examination of the breast
- Abdominal Surgery
 - Perform, record, and report complete patient evaluation and assessment
- Alimentary Tract and Digestive System
 - Evaluate patients in the emergency department or clinic settings who present with problems referable to the GI tract
- Liver and Biliary Tract
 - Perform history and physical examination specifically focused on liver and biliary system
- Pancreas
 - Perform history and physical examination focusing on the pancreas

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient's confidential information and medical records according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

EMERGENCY GENERAL SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director:	John Fildes, MD.
Faculty:	Joseph Carroll, MD, Paul Chestovich, MD, Douglas Fraser, MD., Deborah Kuhls, MD, Brandon Snook, MD, Syed Saquib, MD, Allison McNickle, MD, Carmen Flores, MD
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: Understand the pathophysiology and clinical presentation of the following emergency/urgent surgical problems:

- appendicitis
- bowel obstruction
- cholecystitis
- colonic diverticulitis
- soft tissue infection (uncomplicated, non-necrotizing)
- Understand the appropriate use of antibiotics in the following emergency/urgent surgical problems:
 - appendicitis
 - cholecystitis
 - colonic diverticulitis
 - soft tissue infection (uncomplicated, non-necrotizing)
 - Understand the general principles of wound care.
 - Understand the principles of postoperative feeding/nutrition.

OBJECTIVES:

- Describe symptoms and physical exam findings consistent with acute appendicitis.
- Name diagnostic studies useful in the evaluation of acute appendicitis.
- Describe symptoms and physical exam findings consistent with intestinal obstruction.
- Name the diagnostic studies used to evaluate bowel obstruction.
- Describe the pathogenesis, symptoms and physical exam findings typical of biliary colic, acute cholecystitis, and chronic cholecystitis.
- Name the diagnostic studies useful in the evaluation of gallbladder and biliary tract disease.
- Describe the symptoms and physical exam findings in a patient who presents with uncomplicated diverticulitis.
- Name the diagnostic studies used to evaluate diverticulitis.
- Define cellulitis and list the most common pathogens.
- Name the diagnostic tests useful in the workup of cellulitis and abscess.
- Describe appropriate perioperative antibiotic coverage for clean, clean contaminated, and dirty operations.

EMERGENCY GENERAL SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

- Describe appropriate antibiotic coverage for patients with cellulitis; appropriate alternatives for patients who have penicillin allergies or MRSA.
- Describe appropriate antibiotic coverage for skin, soft tissue, and surgical site infections.
- Define:
 - primary closure
 - delayed primary closure
 - healing by secondary intention
- Describe the signs and physical exam findings of postoperative wound infection.
- List the indications for and the complications of enteric feeding tubes (gastrostomy, jejunostomy, nasoduodenal).

PATIENT CARE**GOAL:**

- Learn to synthesize all available information in order to make appropriate clinical decisions.
- Understand the importance of generating accurate, thorough medical records.
- Understand appropriate initial non-operative management of:
 - bowel obstruction
 - uncomplicated diverticulitis
 - cellulitis
- Develop technical skills for common procedures and operations encountered on the service appropriate for the intern level of training.

OBJECTIVES:

- Demonstrate the ability to produce a legible and thorough history and physical, which incorporates laboratory and diagnostic data, as well as an assessment and plan.
- Demonstrate the ability to dictate a thorough yet concise discharge summary.
- Justify daily selection of laboratory and diagnostic testing for each patient on the service.
- Describe the indications for nonsurgical management of bowel obstruction.
- Describe the indications for nonsurgical management of uncomplicated diverticulitis.
- Describe appropriate management of uncomplicated cellulitis.
- Develop technical skills for:
 - Appendectomy
 - gastrostomy
 - feeding jejunostomy
 - abscess drainage (including perirectal)
 - central line placement
 - opening of an infected postoperative wound
 - chest tube placement
 - orotracheal intubation

EMERGENCY GENERAL SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL:

- Develop the ability to respectfully and clearly communicate with other healthcare professionals.
- Present patients to senior residents and attendings in an organized and precise manner.
- Function effectively as a member of a team.
- Communicate effectively with patients and their families.

OBJECTIVES:

- Consistently answer nursing questions/pages clearly and effectively.
- Present patients on inpatient rounds in an organized and concise manner.
- Gain experience in explaining results of evaluations and recommendations for treatment to patients and their families (practice patient education).

PROFESSIONALISM

GOAL:

- Demonstrate respect and compassion for patients and professional staff on the wards, in the clinics, and in the operating room.
- Develop open-mindedness regarding alternative treatments.
- Understand need for continual self-assessment and improvement.
- Develop an attitude of responsibility for patient care requests by senior residents and attendings.

OBJECTIVES:

- Use appropriate speech and tone of voice when speaking to patients, families, and all other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents.

PRACTICE-BASED LEARNING AND IMPROVEMENT

GOAL:

- Develop an attitude of responsibility for the patients on the ward, and in so doing develop the skill of self-assessment with the goal of continuous improvement in practice management style.
- Understand the importance of critically reading and discussing medical literature pertinent to patients on the service.

OBJECTIVES:

- Critically discuss performance with respect to care of patients and progress made during rotation with Chief of Service or designee at mid-rotation meeting.
- At least three times during the rotation, choose a pertinent issue pertaining to a patient on the service, and critically evaluate an article from the literature which addresses the problem, and present conclusions to the entire team on rounds.

EMERGENCY GENERAL SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

SYSTEMS-BASED PRACTICE

GOAL:

- Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient.
- Develop a cost-effective attitude toward patient management.
- Develop an appreciation for the patients' interests and convenience in care management plans.

OBJECTIVES:

- Facilitate discharge planning by daily communication with inpatient care manager.
- Facilitate daily communication with ancillary services.

ANESTHESIA | PGY-1 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director:	Hosny Habashy, M.D.
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the one month of anesthesia rotation, the plastic surgery resident will gain competencies in describing the indications, principles, techniques, and complications of local, regional, and general anesthesia.

OBJECTIVES

MEDICAL KNOWLEDGE

- Understand the physiology of inhalational and intravenous anesthetics as they apply to conscious sedation and general anesthesia
- Recognize all monitoring equipment in facilities used for general, regional, and local anesthesia
- Demonstrate and understands the treatment of complications from anesthesia
- Understand complications of local anesthesia
- Demonstrate knowledge of an accurate anesthetic record

PATIENT CARE

- Obtain and perform a complete history and physical examination on patients as it pertains to anesthesia
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient assigned
- Demonstrate proper care and follow-up management
- Apply the techniques of local and regional anesthesia
- Formulate a plan to determine which technique of anesthesia to be used on his or her patients and provides supervised education to the patient and family
- Understand and respond with sensitivity and integrity to patient's anxiety about anesthesia

ANESTHESIA | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Demonstrate to the attending staff the ability to take a problem-oriented history and ethically manage patient's confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Communicate with surgeon pre-operatively to formulate anesthetic plan
- Communicate and examine patient and medical record pre-operatively to determine class of anesthetic risk

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Uses Pub-Med, Med-Line and other online search engines to review most updated literature

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate anesthetic procedures based on cost-effectiveness and risks to patient
- Demonstrate knowledge of relative cost of anesthetic agents which impacts the hospital system

SURGERY CRITICAL CARE | PGY-1 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director: Faculty:	Deborah Kuhls, M.D. Joseph Carroll, MD, Paul Chestovich, MD, John Fildes, MD, Douglas Fraser, MD, Allison McNickle, MD, Carmen Flores, MD, Syed Saquib, M.D., Brandon Snook, MD.
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the one month of surgical critical care rotation, the plastic surgery resident will gain competencies in the provision of care to patients with serious postoperative complications and to manage shock states and multi-organ failure as practiced in a Surgical Intensive Care Unit (SICU).

The plastic surgery resident will also gain competencies in the management of cardio-respiratory, metabolic, and infectious complications in critically ill surgical patients.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Discuss the physiology of respiratory care including ventilatory support
- Discuss cardiac parameters and circulatory performance including cardiac output, systemic vascular resistance, and normal/abnormal pressures in the cardiac chambers and circulatory system; and the pharmacologic support of low cardiac output states
- Describe physiologic and metabolic bases for various types of nutritional support including total parenteral nutrition (TPN)
- Review infection control and the pharmacology of antibiotic therapy as used in the SICU and understands basic hematology relevant to coagulopathy and the use of component therapy in transfusion
- Review cardiopulmonary resuscitation (CPR) and the pharmacology of drugs commonly used in CPR
- Recognize effects of pre-existing conditions on the postoperative patient such as: drugs or alcohol intoxication, diabetes mellitus, atherosclerotic cardiovascular disease, hypertension, chronic obstructive pulmonary disease

SURGERY CRITICAL CARE | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination on patients
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient assigned
- Perform arterial line placement (femoral, radial, axillary), insertion of a Swan-Ganz catheter, and other procedures such as spinal taps, closed tube thoracostomy, placement of subclavian venous catheters or jugular venous catheters bronchoscopy

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with critical care team (attendings, residents, students, nurses, respiratory therapists, etc) to formulate best plan for patient care
- Obtain a problem-oriented history in Intensive Care Unit and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques performed in Intensive Care Unit to medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Communicate with family members in a manner in which they understand
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one's learning needs and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Manage post transfer patients

NEUROSURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102
Rotation Director:	John Anson, M.D.
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the one month of neurosurgery, the plastic surgery resident will gain competencies in the provision of care to patients with problems relating to the neurologic disease, neurologic trauma, and neurologic malignancy.

OBJECTIVES

MEDICAL KNOWLEDGE

- Describe the patho-physiology of traumatic head injury patients
- Recognize and manage patients with head injury
- Recognize and manage patients with spine injuries
- Recognize and manage patients with cervical and lumbar disc disease
- Describe the indications for monitoring intracranial pressure

PATIENT CARE

- Describe detailed neurological examination of patients in all states of consciousness
- Describe neurosurgical procedures and learn the skills required for such procedures by observation and participation
- Obtain and perform a complete history and physical exam on patients with traumatic head injury
- Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with ER physicians and Trauma surgeons about patients with traumatic head and spine injuries
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students

NEUROSURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with radiology department for performing investigative tests for the diagnosis of neurosurgical disease including EEG, myelography, CT Scan, MRI Scan and angiography

VASCULAR SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director:	Gary Shen, M.D.
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the one month of vascular surgery, the plastic surgery resident will gain competencies in the provision of care to patients with vascular problems relating to the congenital and acquired disorders, including inflammatory, degenerative, thrombotic and traumatic processes of the arterial, venous and lymphatic systems.

The plastic surgery resident will gain competencies in the provision in discussing various diagnostic modalities for vascular disorders, including angiography, and the use of ultrasound and other non-invasive techniques.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Recognize the symptoms of cerebrovascular disease, the variations of the carotid and vertebral basilar systems and the symptoms of subclavian steal syndrome
- Recognize CT scan findings of an ischemic insult as well as EEG evidence of cerebral ischemia, and radiological imaging of the aortic arch, carotid, including digital subtraction techniques
- Describe both medical and surgical treatments as well as the diagnostic non-invasive study of the cerebral system
- Recognize vasospastic diseases including diagnostic modalities as well as describes treatment of these diseases and including the sympathetic dystrophies
- Discuss abdominal aortic aneurysm including the clinical presentation, the physical findings, the findings on invasive and non-invasive studies, its treatment and immediate and remote postoperative complications
- Recognize aortofemoral and aortoiliac occlusive disease, including symptomatology such as gluteal claudication and vasculogenic impotence, and describes surgical intervention both by percutaneous transluminal angioplasty and by reconstructive surgery
- Recognize mesenteric vascular insufficiency syndromes, both acute and chronic, and their management
- Discuss aneurysmal disease of the femoral and popliteal systems, its symptomatology, diagnosis and treatment
- Discuss thromboembolic disease of the venous system including physical findings, symptomatology, noninvasive and invasive diagnostic work up and the medical and surgical treatment

VASCULAR SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

PATIENT CARE

- Perform exposure of vascular structures
- Assist with vascular anastomosis
- Obtain and perform a complete history and physical examination
- Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each assigned patient
- Demonstrate proper wound care and follow-up management

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with the patients of possible limb threatening vascular condition
- Communicate with patients on how to appropriately manage anticoagulation regimen
- Communicate with patient and surgeon pre-operatively to formulate operative plan
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic vascular techniques to medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offers compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard vascular textbooks and pertinent medical literature
- Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Consult cardiology for pre-operative clearance
- Interact with Coumadin clinic for management of their anticoagulation therapy
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

TRAUMA | PGY-1 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director: Faculty:	John Fildes, MD Joseph Carroll, MD, Paul Chestovich, MD, Brandon Snook, M.D, Allison McNickle, MD, Douglas Fraser, MD, Deborah Kuhls, MD, Syed Squib, MD, Carmen Flores, MD
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOAL

During the one month of trauma surgery, the plastic surgery resident will gain competencies in the provision of care to patients with problems relating to the evaluation and management of the trauma patient.

OBJECTIVES

MEDICAL KNOWLEDGE

- Describe the initial management of the injured patient(s)
- Discuss the basic principles of triage in the emergency department
- Explain the ATLS protocol for the emergency resuscitation and stabilization of a seriously ill or injured patient
- Describe the considerations for establishing an airway appropriate to the patient's condition
- Describe the anatomy, and physiology of all body systems affected by trauma
- Review the anatomy, physiology, and pathology applicable to the general management of trauma patients

PATIENT CARE

- Establish emergency stabilization of the traumatized patient via the following precautions: fracture management/stabilization, cervical spine protection and prevention of hypothermia
- Assess patients presenting emergency conditions using the appropriate diagnostic protocol
- Acquire skills to perform intravenous access, central venous line placement, arterial line placement, chest tube placement, and emergent intubations

TRAUMA | PGY-1 (1 month)

Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner

PROFESSIONALISM

- Communicate as a team member with other residents from other departments
- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate appropriate dress and decorum while on duty
- Demonstrate kindness, empathy and maturity in the interrelationship with patients with surgical problems related to trauma
- Demonstrate the ability to maintain composure in an emergency department environment

PRACTICE BASED LEARNING AND IMPROVEMENT

- Remain current on medical literature as it relates to surgical diseases and complications
- Perform online medical databases
- Teach medical students how to write surgical progress notes
- Describe and familiarize with resource management practices

SYSTEMS-BASED PRACTICE

- Interact with nurse practitioners and other personnel involved with the trauma team regarding day to day in-hospital care for post traumatic injuries and facilitates post-discharge rehabilitation when necessary
- Utilize the expertise of other services and support personnel
- Demonstrate good patient advocacy skills
- Recognize and understand how different health insurance companies affect the treatment plan for patients

PLASTIC SURGERY | PGY-1 (3 months)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director: Faculty:	Richard Baynosa, MD John Brosious, MD, Joshua Goldman, MD, John Menezes, MD, Ashley Pistorio, MD
Assigned Residents:	PGY-1
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, Third Edition – 2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During this month, the plastic surgery resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the knowledge of anatomy, physiology, and treatment for conditions of the integument, head and neck, trunk, breast and lower extremity.

OBJECTIVES

MEDICAL KNOWLEDGE

- Outline the components of a comprehensive focused history and physical examination pertinent to the evaluation and correction of congenital or acquired defects under the realm of plastic and reconstructive surgery
- Discuss and compares skin and connective tissue according to anatomy, normal physiology and biochemistry, pathophysiology of benign and malignant skin disorders, unique pathophysiology of connective tissue disorders
- Explain the basic techniques for surgical repair of superficial incisions and lacerations of the head, neck, trunk, and extremities

PATIENT CARE

- Complete a comprehensive physical examination and clinical data history, including pertinent diagnostic laboratory and radiographic findings
- Evaluate and treat simple and intermediate lacerations and burns of the face, trunk, and extremities
- Demonstrate competency in assisting with various plastic reconstructive procedures

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical students

PLASTIC SURGERY | PGY-1 (3 months)
Competency-Based Goals and Objectives (Continued)

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offers compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard Plastic Surgery textbooks and pertinent medical literature
- Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one's learning needs and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with various specialties and primary care services
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

EMERGENCY MEDICINE | PGY-1 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director:	Ketan Patel, MD
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the one month of emergency medicine, the plastic surgery resident will gain competencies in the provision of care to patients with variety of emergent and urgent diseases.

The plastic surgery resident will gain competencies in the provision of care to patients with medical and surgical emergencies and to perform initial evaluation and stabilization of patients.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Discuss the patho-physiology of emergent and urgent diseases
- Discuss diagnosis and treatment of patients with diabetes, cardiac emergencies, acute airway emergencies, abdominal pain
- Understand GU, ENT, and Vascular surgery emergencies
- Describe physiology of various types of shocks and management

PATIENT CARE

- Obtain and perform a complete history and physical examination
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient
- Demonstrate proper initial and follow-up management

INTERPERSONAL AND COMMUNICATION SKILLS

- Discuss disposition of the patient (admission or discharge) with faculty
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to medical students

EMERGENCY MEDICINE | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offer compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard vascular textbooks
- Use Pub-Med, Med-Line and other online search engines to find the most updated literature to improve one's knowledge and to provide care for one's patients

SYSTEMS-BASED PRACTICE

- Discuss with patients for disposition
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

TRANSPLANT SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Faculty:	Sunil Patel, MD & Eric Siskind, MD
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During this month rotation, plastic surgery residents will develop competence to define, describe, and treat patients undergoing kidney and pancreas transplant. In addition, they will gain understanding in the management of immunosuppressive drugs and their complications, and be able to discuss social, ethical and legal issues involved in transplantation.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Discuss pathophysiology and management of patients with acute renal failure
- Discuss pathophysiology and management of patients with chronic renal failure
- Describe complete history and physical examinations in transplant patients
- Understand patient selection criteria for cadaveric and living related transplant

PATIENT CARE

- Obtain and perform a complete history and physical examination
- Manage post-transplant patients complications in long-term transplant recipients
- Describe step by step operative techniques for renal transplant
- Assess clinical problems rapidly and formulate care plans when complications arise from immuno suppression and clotted vascular accesses

TRANSPLANT SURGERY | PGY-1 (1 month)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the transplant team and families
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients' and support staffs' questions in a positive manner

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Communicate with dialysis center in patients with failed renal transplants
- Communicate with radiologist for performing sonogram for renal transplant patients
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of transplant medicine/surgery and develop a plan for personal improvement.
- Describe and familiarize oneself with resource management practices
- Demonstrate expertise at reading and critically analyzing the standard surgical textbooks and current medical literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and patient care.

SYSTEMS-BASED PRACTICE

- Interact with nephrologists for end stage renal failure patients requiring dialysis
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources for optimal patient care

GENERAL RECONSTRUCTIVE AND AESTHETIC ROTATION | PGY-2 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center, Sunrise Hospital and Ambulatory Surgery Centers
Rotation Director:	John Brosious, MD
Assigned Residents:	PGY-2
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the three months on this rotation, the plastic surgery resident will gain competencies in understanding anatomy, pathophysiology, and clinical aspects of general reconstruction and aesthetic surgery.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Be able to perform focused history and physical exam for patients with defects due to trauma, neoplasms, and chronic wounds, as well as patients seeking aesthetic surgery
- Understand treatment modalities for pressure wounds
- Describe different methods of breast reconstruction, and when each is appropriate
- Understand the reconstructive options for lower and upper extremity salvage
- Be familiar with management of chronic wounds
- Be able to expose the facial skeleton in the management of facial fractures

PATIENT CARE

- Be able to triage facial trauma as emergent versus elective nature of repair
- Optimize pressure ulcer patients prior to surgical intervention
- Be able to form an algorithmic approach to breast cancer reconstruction
- Organize a plan to reconstruct soft and hard tissue defects of the trunk and lower extremity
- Demonstrate the ability to debride and close simple wounds
- Demonstrate proper wound care and follow-up management
- Understand limitations of aesthetic surgery

GENERAL RECONSTRUCTIVE AND AESTHETIC ROLATION | PGY-2 (3 months)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION Skills

- Communicate with patient and surgeon pre-operatively to formulate operative plan
- Communicate with patients with new diagnosis of breast cancer
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Communicate with members of other disciplines with regard to reconstruction following breast cancer, head and neck cancer, and trauma
- Communicate reasonable expectations and limitations to aesthetic patients
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical students and junior residents
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Communicate with the family pre- and post-operatively

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard reconstructive and aesthetic surgery textbooks and pertinent medical literature
- Describe and familiarize with resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with ENT, breast oncologists, general surgeons, and orthopedic surgeons
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient

GENERAL SURGERY / SURGICAL ONCOLOGY | CRS | PGY-2 (2 months)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director: Faculty:	Jennifer Baynosa, MD Daniel Kirgan, MD, Charles St. Hill, MD, Joseph Thornton, MD, Ovunc Bardakcioglu, MD
Assigned Residents:	PGY-2
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am – 12:30 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the two month of general surgery/surgical oncology, the plastic surgery resident will gain competencies in the provision of care to patients with surgical problems relating to the breast, abdomen, alimentary tract and digestive system, the liver, biliary tract and pancreas.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Breast Surgery
 - Explain the general indications, uses, and limitations of mammography
 - Discuss the principles and historic context of the basic options available for the treatment of breast cancer such as: radical mastectomy, modified mastectomy, lumpectomy and axillary dissection
- Abdominal Surgery
 - List possible distinctions in the presentation and examination of the elderly patient with the following causes of acute abdomen: perforated viscus and cholecystitis
 - Differentiate between the conditions favoring percutaneous drainage versus operative drainage for each of the abscesses above and describes the safest and most effective approach using each technique
 - Explain the role of a fistulogram in the diagnosis of intra-abdominal fistulas and abscesses
- Alimentary Tract and Digestive System
 - Discuss some of the more common diseases of the esophagus in elderly patients
- Liver and Biliary Tract
 - Describe the pathophysiology of gallstone formation
 - Discuss the enterohepatic circulation of bile
- Pancreas
 - Describe the pathophysiology of pancreatitis
 - Describe the incidence of cholelithiasis, acute gallstone pancreatitis, and pancreatic carcinoma in the elderly patient

GENERAL SURGERY / SURGICAL ONCOLOGY | CRS | PGY-2 (2 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Breast Surgery
 - Identify common lesions such as fibroadenomas, cysts, mastitis, and cancer
 - Demonstrate the ability to satisfactorily orient the surgical specimen for pathologic examination
- Abdominal Surgery
 - Evaluate and diagnoses the acute abdomen
 - Assist with hernia repairs in the groin or umbilicus, demonstrates a basic understanding of the anatomy and surgical repair
- Alimentary Tract and Digestive System
 - Assist primary surgeon during operations of the esophagus, stomach, small intestine, colon, and anorectum
 - Accept responsibility for (under the guidance of the chief resident and attending surgeon) the postoperative management
- Liver and Biliary Tract
 - Assist in the perioperative management of patients undergoing hepatobiliary surgery
 - Assist in management of patients with bleeding esophageal varices
- Pancreas
 - Select and interprets appropriate laboratory and radiologic examinations in evaluation of pancreatic disease
 - Assist in management of patient with acute pancreatitis

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

GENERAL SURGERY / SURGICAL ONCOLOGY | CRS | PGY-2 (2 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement.
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and surgical literature.
- Use Pub-Med, Med-Line and other online search engines to find the most updated literature to improve one's knowledge and to provide care for one's patients

SYSTEMS-BASED PRACTICE

- Interact with internist and ER physicians in a timely fashion
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

BURN SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director:	Syed Saquib, MD
Faculty:	Paul Chestovich, MD, JT Carroll, MD
Assigned Residents:	PGY-2
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am – 12:30 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the one month burn surgery rotation, plastic surgery residents will develop an understanding of the physiology of burns, initial resuscitation, management and complications relating to the burn injury. In addition, the resident will begin to understand the reconstruction of burn deformities and contractures.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Review the effects of burn wounding on multiple organ systems, the metabolic requirements associated with a major burn, and inhalation injury
- Define differences in pathophysiology and apparent severity between different injury mechanisms such as thermal, electrical, and chemical injury
- Know the American Burn Association (ABA) classification of burns and protocols for burn unit transfer and triage of burn patients
- Describe all aspects of skin grafting and the theoretical basis for early burn wound coverage
- Identify the principles of and indications for operative techniques such as burn wound debridement, tangential excision, full thickness burn excision, and amputation in burn patients
- Identify the application of allografting with immunosuppression, and the use of xenografts, biomaterials, and skin autoculture
- Recognize the musculoskeletal consequences of a major burn including aspects of burn wound healing causing extremity contracture, special disability associated with hand burns, and common techniques used in burn rehabilitation to prevent long-term disability such as splinting, immobilization techniques, and physical therapy

BURN SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives (Continued)

PATIENT CARE

- Obtain and perform a complete history and physical examination on patients with burns
- Manage burn wound infection including antibiotic topical burn therapy, burn wound cultures, septic workup and burn wound complications at special sites as eyes and ears
- Perform appropriate burn management (such as escharotomy) and resuscitation
- Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each patient assigned
- Demonstrate proper burn care and follow-up management_

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to medical students
- Work with the burn care team including physical therapists for post burn scar management and range of motion exercises

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge about burns and their management and develop a plan for personal improvement.
- Demonstrate expertise at reading and critically analyzing standard burn surgery textbooks and the burn care literature
- Use Pub-Med, Med-Line and other online search engines to select most updated literature to improve one's knowledge and care for one's patients

BURN SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives (Continued)

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with therapists to order pressure garments for post burn scars and other members of the team to ensure specific burn care needs are met
- Interact with general and trauma surgeons in the care of one's patients
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal patient care

CRANIOFACIAL SURGERY | PGY-2 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
	Sunrise Hospital 3186 S. Maryland Pkwy. Las Vegas, NV. 89109
Rotation Director:	John Menezes, M.D.
Assigned Residents:	PGY-2
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition - 2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluations Annual In-Service Exam

GOALS

During the three months of this rotation, the PGY2 plastic surgery resident will be introduced to the provision of care to patients with craniofacial surgical problems relating to the understanding of the anatomy, physiology, and basic principles of treatment of congenital disorders of the head and neck, and to obtain a working knowledge of the craniofacial skeleton as it pertains to facial fractures and their treatment. This rotation will also serve as an introduction to the plastic surgery management of patients with head and neck cancer, facial nerve disorders and vascular lesions of the head and neck.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Gain knowledge of head and neck anatomy in a variety of clinical settings
- Describe the anatomy of the skull, facial bones, eye, ear, nose and septum and vascular structures of the head and neck
- Learn the importance of cephalometric studies in the pre-surgical planning of patients with congenital head and neck anomalies (specifically cleft lip & palate, and craniosynostosis, mandible reconstruction in head and neck cancer)
- Describe management of patients with minor and major soft tissue injuries of the face, including injuries to the facial nerve, lacrimal apparatus, and parotid gland
- Describe pathology and initial management of patients with closed and open fractures of the facial skeleton including closed reductions, open reductions, internal fixations, and bone grafting
- Describe the postoperative management of facial fractures and timing of fracture repair.
- Describe basic knowledge of the common congenital disorders of the head and neck including cleft lip and palate, craniofacial syndromes, vascular malformations, and auricular abnormalities
- Discuss the genetic etiology, embryology and anatomy of congenital disorders of the head and neck
- Begin to analyze CT scan in axial, coronal and 3D views

CRANIOFACIAL SURGERY | PGY-2 (3 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination of patients with maxillofacial trauma, congenital defects, and malignancies
- Describe and act as assistant surgeon in various operative procedures for treatment of facial fractures, unilateral cleft lip and palate repair, and assists with correction of craniosynostosis
- Describe and assist in mandibular fracture repair, frontal sinus repair, congenital ear deformity correction, excision and reconstruction of head and neck skin cancers.
- Perform laceration and basic soft tissue repair in the emergency setting.
- Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each patient
- Observe communication between the patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Understand effective communication skills specific to children and parents
- Communicate with Pediatricians and PICU attending for management of post craniosynostosis correction
- Observe the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's, parent's and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Facilitate the interaction between resident team and medical students
- Teach basic suture and knot-tying techniques to medical students
- Learn about the consent process with regard to the risks, benefits, and alternatives of various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs
- Observe communication with the family pre- and post-operatively

CRANIOFACIAL SURGERY | PGY-2 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard Plastic Surgery, Craniofacial textbooks and pertinent medical literature
- Introduction to resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with Neurosurgery, Otolaryngologist, Speech Therapist, Orthodontist for patients with craniofacial abnormalities
- Begin to understand the use of electronic health records in the hospital and clinic setting.
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Assess appropriate medical procedures based on cost-effectiveness and risks to patient
- Interact with social services and community agency resources to provide optimal care for patients

PEDIATRIC SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
	Sunrise Hospital 3186 S. Maryland Pkwy. Las Vegas, NV. 89109
Rotation Director:	Michael Scheidler, MD
Faculty:	Shirong Chang, M.D., Stephanie Jones, D.O.
Assigned Residents:	PGY-2
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am – 12:30 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During this one month rotation, plastic surgery residents will develop competence to define, describe, diagnose and treat neonates and children with congenital anomalies, gastrointestinal disease, malignancy, genitourinary disease and trauma.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Discuss physiology of premature infants, neonates, and of children in relation to the fluid, nutrition, growth and energy requirements
- Discuss difference between adults and children in physiology, anatomy, fluid needs and blood requirements
- Describe congenital anomalies, pediatric malignancy, genitourinary disease, pediatric trauma and emergencies and general pediatric problems seen in this population.
- Identify commonly used medications in the pediatric surgical patient including analgesics, antibiotics, sedatives, antiemetics, cathartics, and anticonvulsants
- Know the choices of abdominal incisions and technique of opening and closing the abdomen

PATIENT CARE

- Demonstrate correct preoperative preparation such as prepping the patient, draping, monitoring, temperature control etc.
- Demonstrate advancing mastery of general surgical skills such as tissue handling, instrument handling, knot tying, finesse in dissection and delicacy of technique
- Identify and manage congenital anomalies, pediatric malignancy, genitourinary disease, pediatric trauma and emergencies, general pediatric problems
- Obtain and perform a complete history and physical examination on pediatric patients

PEDIATRIC SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives (Continued)

- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each assigned patient
- Demonstrate proper care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients and their parents
- Display a friendly disposition that is conducive to successful interaction with team members, patients and parents
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients'/parents' and support staffs' questions in a positive manner
- Demonstrate to the attending staff the ability to take a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to students and junior residents
- Discuss with family the child's long term prognosis in patients with malignancies
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients/parents and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient's and family's complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of pediatric patients and develop a plan for personal improvement
- Describe and familiarize oneself with resource management practices
- Demonstrate expertise at reading and critically analyzing standard textbooks and current literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and patient care

SYSTEMS-BASED PRACTICE

- Interact with Pediatricians for collaborative medical management
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources for optimal patient care

THORACIC SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Faculty:	Quynh Feikes, MD
Assigned Residents:	PGY-2
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am – 12:30 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During this one month rotation, the plastic surgery resident will develop competence to describe, analyze, diagnose and treat basic thoracic conditions, including infections and complications of infections, pulmonary malignancies, mediastinal and pericardial disease, and benign and malignant diseases of the esophagus. In addition, residents will be able to describe non-invasive and invasive diagnostic techniques, including endoscopic techniques, pulmonary and esophageal physiology management of thoracic trauma.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Describe the pathologic classification of benign and malignant pulmonary tumors
- Describe the staging of lung carcinomas and the treatment including surgical, radiation and chemotherapeutic options
- Discuss the principles of esophageal surgery, including the diagnosis and treatment of esophageal perforation, the management of achalasia, gastroesophageal reflux disease, carcinoma of the esophagus and management of diverticular disease
- Discuss the management of pericardial tamponade and management by performing subxiphoid pericardial drainage or a transpleural subtotal pericardiectomy

PATIENT CARE

- Obtain and perform a complete history and physical examination
- Demonstrate the skills to perform upper airway intubation, both nasal and oral-tracheal, cricothyroidotomy, tracheostomy, thoracentesis, pericardiocentesis, tube thoracostomy, pulmonary resections including wedge resections, lobectomy, and pneumonectomy
- Formulate an appropriate differential cancer diagnosis, and record an independent, written diagnosis for each cancer patient assigned
- Demonstrate proper wound care and follow-up management
- Describe how to perform emergency thoracotomy in trauma patients

THORACIC SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives (Continued)**INTERPERSONAL AND COMMUNICATION SKILLS**

- Communicate the diagnosis and treatment plan in detail with the patients in a sensitive manner taking into account various cultural differences
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients' and support staffs' questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic thoracic techniques to students and junior residents
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of thoracic surgery and develop a plan for personal improvement
- Describe and familiarize oneself with resource management practices
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and current medical literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and patient care

SYSTEMS-BASED PRACTICE

- Interact with oncologist and radiation oncologist for non-surgical management of thoracic malignancies
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources for optimal patient care

ORTHOPEDIC SURGERY | PGY-2 (1 month)

Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director: Faculty:	Michael Daubs, MD Brock Wentz, M.D, Erik Kubiak, MD, Sukanta Maitra, MD Caroline de Roode-Wentz, MD
Assigned Residents:	PGY-2
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 9:30 am – 12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the one month of orthopedic surgery, the plastic surgery resident will gain competencies in the provision of care to patients with problems relating to the simple and complex fractures, bone infection, bone neoplasm, fracture reduction and stabilization, reconstructive procedures for degenerative disease, and acute disease and trauma of spine.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Describe elements of the orthopedic examination of the injured patient
- Discuss preoperative, operative, and postoperative care of orthopedic surgical patients
- Recognize the essentials of fracture management including management of soft tissue injuries and the use and complication of casts and fixation devices
- Discuss the basic principles of wound healing, bone physiology and bone healing
- Discuss the basic principles of musculoskeletal biomechanics
- Describe the basic principles of amputation surgery and rehabilitation
- Review proper plaster technique which also includes the technique of removal of casts

PATIENT CARE

- Demonstrate the skills to aid in operative repair of major and minor fractures and the procedures of reconstructive surgery; this includes instrument, handling, bone fixation techniques, joint replacement procedures and tendon repairs
- Demonstrate the skills to repair soft tissue injury, and perform selected lower extremity amputations
- Obtain and perform a complete history and physical examination on patients
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each cancer patient assigned
- Demonstrate proper management and follow-up care_

ORTHOPEDIC SURGERY | PGY-2 (1 month)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with patient and surgeon pre-operatively to formulate operative plan
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic orthopedic techniques to medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs
- Communicate with the family members in a manner which they understands

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrates expertise at reading and critically analyzing standard orthopedic textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risks to patient
- Interact with social services and physical and occupational therapists to provide optimal care for patients
- Demonstrate knowledge of relative cost of various prosthesis which impact the hospital system

HAND ROTATION/GENERAL RECONSTRUCTION | PGY-3 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102
	Sunrise Hospital 3186 S. Maryland Pkwy. Las Vegas, NV 89109
Faculty:	Ashley Pistorio, MD, Joshua Goldman, MD
Assigned Residents:	PGY-3
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am – 12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the three months of on this rotation, the plastic surgery resident will gain competencies in knowledge of basic hand and upper extremity anatomy, how to perform a hand-focuses history and physical exam, and in how to understand the management of basic injuries, chronic diseases, infections, and congenital deformities.

OBJECTIVES

MEDICAL KNOWLEDGE

- Define the anatomy of the muscles, tendons, ligaments, vascular anatomy, arteries and veins, major nerves and their branches including relationships to surrounding structures of hand and upper extremity
- Describe and perform a complete examination of the upper extremity
- Define symptoms of nerve compression and demonstrate appropriate examination techniques
- Define surgical and nonsurgical treatments for basic traumatic, infectious, neoplastic, and congenital hand pathologies.
- Analyze standard three-view X-rays of digits, hand, and wrist
- Know how to perform basic emergency procedures such as finger amputation, fracture and dislocation reduction, hand nerve blocks, and simple incision and drainage of infections
- Know how to fashion basic splints and casts as related to the upper extremity

PATIENT CARE

- Obtain and perform a complete history and physical examination on patients with hand trauma including nerve, tendon, and vascular injuries
- Identify, evaluate, and treat upper extremity infections
- Recognize pathology that requires emergent intervention, such as compartment syndrome,

HAND ROTATION/GENERAL RECONSTRUCTION | PGY-3 (3 months)
Competency-Based Goals and Objectives (Continued)

- flexor tenosynovitis, and acute carpal tunnel syndrome
- Manage fractures of the hand, and injuries to the nail bed and fingertip
- Describe the traumatized upper extremity and performs initial emergency treatment
- Demonstrate the ability to debride and close simple wounds
- Demonstrate proper wound care and follow-up management_

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with patient and surgeon pre-operatively to formulate operative plan
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Handle and resolve patient's conflict with work related hand injury
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical
- Teach medical students how to write a hand-focused progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard hand surgery textbooks and pertinent medical literature
- Describe and familiarize with resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Arrange rehabilitation of upper extremity trauma following surgical treatment
- Interact with physical and occupational therapists post hand injury
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interacts with social services and community resource and workers compensation agencies to provide optimal care for patient

PEDIATRIC SURGERY | PGY-3 (1 month)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
	Sunrise Hospital 3186 S. Maryland Pkwy. Las Vegas, NV. 89109
Rotation Director:	Michael Scheidler, MD
Faculty:	Sara Chang, M.D., Stephanie Jones, D.O.
Assigned Residents:	PGY-3
Length of Rotation:	1 month
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 8:00 am – 12:30 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During this one month rotation, plastic surgery residents will develop competence to define, describe, diagnose and treat neonates and children with congenital anomalies, gastrointestinal disease, malignancy, genitourinary disease and trauma.

OBJECTIVES

MEDICAL KNOWLEDGE

- Discuss physiology of premature infants, neonates, and of children in relation to the fluid, nutrition, growth and energy requirements
- Discuss difference between adults and children in physiology, anatomy, fluid needs and blood requirements
- Describe congenital anomalies, pediatric malignancy, genitourinary disease, pediatric trauma and emergencies and general pediatric problems seen in this population.
- Identify commonly used medications in the pediatric surgical patient including analgesics, antibiotics, sedatives, antiemetics, cathartics, and anticonvulsants
- Know the choices of abdominal incisions and technique of opening and closing the abdomen

PATIENT CARE

- Demonstrate correct preoperative preparation such as prepping the patient, draping, monitoring, temperature control etc.
- Demonstrate advancing mastery of general surgical skills such as tissue handling, instrument handling, knot tying, finesse in dissection and delicacy of technique
- Identify and manage congenital anomalies, pediatric malignancy, genitourinary disease, pediatric trauma and emergencies, general pediatric problems
- Obtain and perform a complete history and physical examination on pediatric patients

PEDIATRIC SURGERY | PGY-3 (1 month)
Competency-Based Goals and Objectives (Continued)

- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each assigned patient
- Demonstrate proper care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients and their parents
- Display a friendly disposition that is conducive to successful interaction with team members, patients and parents
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients'/parents' and support staffs' questions in a positive manner
- Demonstrate to the attending staff the ability to take a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to students and junior residents
- Discuss with family the child's long term prognosis in patients with malignancies
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients/parents and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient's and family's complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of pediatric patients and develop a plan for personal improvement
- Describe and familiarize oneself with resource management practices
- Demonstrate expertise at reading and critically analyzing standard textbooks and current literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and patient care

SYSTEMS-BASED PRACTICE

- Interact with Pediatricians for collaborative medical management
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources for optimal patient care

HEAD AND NECK SURGERY/RECONSTRUCTION | PGY-3 (2 months)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director: Faculty:	Robert Wang, M.D. J. Bigcas, MD O. Okuyemi, MD
Assigned Residents:	PGY-3
Length of Rotation:	2 months
Reference Sources:	SCORE Curriculum
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluations Annual In-Service Exam

GOALS

During this one month rotation, the plastic surgery resident will develop competence to describe, assess, diagnose and treat benign and malignant masses of the ear, nose, pharynx, upper aerodigestive tract, as well as reconstruction and adjuvant therapies for these disease processes.

OBJECTIVES

MEDICAL KNOWLEDGE

- Describe anatomy of the head and neck
- Describe techniques needed to perform a thorough examination of the external ear, nose, paranasal sinuses, mouth, pharynx, and larynx as well as areas in the head and neck related to disease of these structures
- Understand staging of head and neck cancer
- Define techniques for reconstruction of head and neck defects

PATIENT CARE

- Acquire operative exposure and experience in the management of, neoplasms of the ear, nose, paranasal sinuses and upper airway
- Obtain and perform a complete history and physical examination on patients with cancer
- Formulate an appropriate differential cancer diagnosis, and records an independent, written diagnosis for each cancer patient assigned
- Communicate with patient pre-operatively to formulate operative plan
- Perform a complete oral exam for head and neck malignancies

HEAD AND NECK SURGERY/RECONSTRUCTION | PGY-3 (2 months)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to students and junior residents

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs
- Communicate with the family pre and post operatively
- Teach medical students how to write surgical progress notes

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of ENT malignancies and develop a plan for personal improvement.
- Describe and familiarize oneself with resource management practices
- Demonstrate expertise at reading and critically analyzing standard textbooks and the current medical literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and patient care

PLASTIC SURGERY/BREAST/MICROSURGERY | PGY-3 (3 months)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Rotation Director:	Richard Baynosa, M.D.
Assigned Residents:	PGY-3
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, Third Edition – 2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During this three month rotation, residents will apply the knowledge and skills gained in the previous year's rotation to further develop their understanding of the principles of plastic surgery and will be able to define, translate and apply these principles to conditions of the integument, head and neck, trunk, breast and lower extremity.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Explain the methods for performing incisional and excisional biopsies of lesions of the skin
- Describe the systematic examination of the hand to assess motor and sensory function
- Discuss the use of the reconstructive ladder (including skin grafts, local flaps, and regional and free microvascular flaps) in the definitive management of traumatic, chronic, and excised wounds
- Explain considerations in a geriatric patient undergoing major reconstructive operation

PATIENT CARE

- Participate in the perioperative evaluation and management of congenital or acquired defects (traumatic and surgical)
- Perform major soft tissue repair including acute lacerations
- Assist in performing breast reductions, repair of facial fractures, carpal tunnel release, breast reconstruction, repair of hand fractures, lower extremity and trunk reconstruction

PLASTIC SURGERY/BREAST/MICROSURGERY | PGY-3 (3 months)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients' and support staffs' questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to junior residents and medical students
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in plastic surgery knowledge and develop an individual plan to improve knowledge
- Describe and familiarize oneself with resource management practices
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and current medical literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and patient care

SYSTEMS-BASED PRACTICE

- Interact with Trauma surgeons, Ophthalmologists, Neurosurgeons, ENTs, and Orthopedic surgeons to provide collaborative care to a multi trauma patient
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources for optimal patient care

GENERAL RECONSTRUCTIVE AND AESTHETIC ROTATION | PGY-3 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center, Sunrise Hospital and Ambulatory Surgery Centers
Rotation Director:	John Brosious, MD
Assigned Residents:	PGY-3
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Exam

GOALS

During the three months on this rotation, the plastic surgery resident will gain competencies in understanding anatomy, pathophysiology, and clinical aspects of general reconstruction and aesthetic surgery.

OBJECTIVES

MEDICAL KNOWLEDGE

- Be able to perform focused history and physical exam for patients with defects due to trauma, neoplasms, and chronic wounds, as well as patients seeking aesthetic surgery
- Understand treatment modalities for pressure wounds
- Describe different methods of breast reconstruction, and when each is appropriate
- Understand the reconstructive options for lower and upper extremity salvage
- Be familiar with management of chronic wounds
- Be able to expose the facial skeleton in the management of facial fractures

PATIENT CARE

- Be able to triage facial trauma as emergent versus elective nature of repair
- Optimize pressure ulcer patients prior to surgical intervention
- Be able to form an algorithmic approach to breast cancer reconstruction
- Organize a plan to reconstruct soft and hard tissue defects of the trunk and lower extremity
- Demonstrate the ability to debride and close simple wounds
- Demonstrate proper wound care and follow-up management
- Understand limitations of aesthetic surgery

GENERAL RECONSTRUCTIVE AND AESTHETIC ROTATION | PGY-3 (3 months)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with patient and surgeon pre-operatively to formulate operative plan
- Communicate with patients with new diagnosis of breast cancer
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Communicate with members of other disciplines with regard to reconstruction following breast cancer, head and neck cancer, and trauma
- Communicate reasonable expectations and limitations to aesthetic patients
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical students and junior residents
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Communicate with the family pre- and post-operatively

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard reconstructive and aesthetic surgery textbooks and pertinent medical literature
- Describe and familiarize with resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with ENT, breast oncologists, general surgeons, and orthopedic surgeons
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient

MICROSURGERY SKILLS AND BASIC RESEARCH | PGY-4 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
	Multidisciplinary Clinical Skills Laboratory 1001 Shadow Lane, Suite B305 Las Vegas, NV. 89102
Faculty:	Rich Baynosa, M.D., Joshua Goldman, MD.
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, Third Edition – 2013
Conference Schedule:	Tuesday, 9:30 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the basics of microsurgical skills in a controlled laboratory setting & obtain an understanding of the basic pathophysiology of the microvascular circulation as well as ischemia-reperfusion injury. Basic science research methodology and laboratory skills will also be stressed. The resident will gain initial experience in evaluating traumatic hand injuries and amputations as well as become familiar with the rationale, indications, contraindications, and techniques involved in replantation.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Display knowledge of the function of the basic components that make up the operating microscope
- Recognize the proper setup for using the operating microscope effectively including determining & optimizing the interpupillary distance, proper positioning, and ergonomics
- Describe the basic techniques of microsurgical dissection and microvascular anastomosis
- Discuss indications and contraindications for replantation
- Obtain proficiency in basic science research methodology and skill in laboratory techniques

PATIENT CARE

- Obtain and perform a complete history and physical examination on patients with traumatic hand and digit amputations
- Determine whether a traumatic amputation is a viable candidate for replantation and describe the rationale behind the decision making process

MICROSURGERY SKILLS AND BASIC RESEARCH | PGY-4 (3 months)
Competency-Based Goals and Objectives (Continued)

- Describe step by step management of upper extremity replantation and/or microsurgical repair of neurovascular structures
- Demonstrate proper wound care and follow-up management after replantation in the upper extremity
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with research laboratory personnel to facilitate successful completion of projects
- Participate in teaching 4th year medical students during their microsurgery elective
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Communicate the treatment plans with the attending surgeon and support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with physical and occupational therapists for management of post-operative hand therapy after replantation
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with workers compensation representative for disability ratings, functional capacity and ratability

RECONSTRUCTIVE MICROSURGERY | PGY-4 (6 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Faculty:	Rich Baynosa, MD, John Menezes, MD, Joshua Goldman, MD
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, Third Edition – 2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the six months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with complex reconstructive defects requiring microsurgical intervention including free tissue transfers for reconstruction of head and neck, breast, upper and lower extremity, and thoracic extirpative defects. The resident will also become familiar with the use of microsurgical skills for traumatic injuries including replantation, peripheral nerve transections, and coverage of open fractures.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Define the anatomy of the numerous muscle, musculocutaneous, fasciocutaneous, and osteocutaneous flaps available for microvascular reconstruction including the associated vascular anatomy, arteries and veins, major nerves and their available perforators
- Describe the rationale for selecting a particular free tissue transfer for reconstruction in regards to defining the defect, the available donor tissues to reconstruct the defect, and the subsequent donor site morbidity associated with harvest of the selected free flap
- Define and recognize the signs and symptoms of impending microvascular anastomotic failure including arterial insufficiency or occlusion, venous obstruction or thrombosis, and ischemia-reperfusion injury
- Analyze the appropriate preoperative studies including CT scans, ultrasound/doppler, and angiography to assist in planning free tissue transfer for reconstruction including assessing for suitable donor and recipient vessels as well as cutaneous perforators

PATIENT CARE

- Obtain and perform a complete history and physical examination on patients with complex defects requiring reconstructive microsurgery
- Organize a plan to reconstruct soft and hard tissue defects after removal of head and neck, breast, thoracic, and upper and lower extremity tumors

RECONSTRUCTIVE MICROSURGERY | PGY-4 (6 months)
Competency-Based Goals and Objectives (Continued)

- Describe and perform microvascular anastomoses of arteries and veins as well as nerve coaptation using the operating microscope and acquired microsurgical skills
- Demonstrate proper wound care and follow-up management of patients undergoing free tissue transfer

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with patient and attending surgeon pre-operatively to formulate operative plan
- Handle and resolve patient's conflict with oncologic and traumatic soft tissue and hard tissue defects and the psychological implications associated with altered body image
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical students and junior residents
- Communicate with patient and family risks, benefits, and alternatives for various procedures

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard hand surgery textbooks and pertinent medical literature
- Describe and familiarize with resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Arrange rehabilitation of upper and lower extremity trauma following reconstructive microsurgical treatment
- Interact with speech therapists, physical and occupational therapists, nutritionists, and pharmacists in the multidisciplinary post-operative treatment of patients undergoing microvascular reconstruction of head and neck, breast, trunk, and extremity defects
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interacts with social services and community resource and workers compensation agencies to provide optimal care for patients

GENERAL PLASTIC SURGERY/USAF | PGY-4 (3 months)
Competency-Based Goals and Objectives

Site Location:	Mike O'Callaghan Federal Hospital 4700 Las Vegas Blvd. North Nellis AFB, NV 89191
Rotation Director:	Benjamin Monson, M.D., Carol Villemaria, MD
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, Third Edition – 2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During this two month rotation, the plastic surgery resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the anatomy, physiology, and basic principles of treatment for aesthetic facial surgery, aesthetic and reconstructive breast surgery, and reconstruction of the face, scalp, and trunk.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Understand the anatomy of face as it relates aesthetic surgical operations
- Describe the anatomy, physiology, and embryology of the trunk and breast; applies this information to the comprehensive management of a variety of problems in these anatomic areas
- Know the congenital disorders of the trunk and breast; define plastic surgical management of such problems as Poland's syndrome and asymmetric tuberous hypomastia
- Define biological behavior, histologic characteristics, and management principles of benign and malignant processes of the breast and trunk; define medical and surgical management of such problems
- Use flaps, grafts, and/or alloplastic insertions for head and neck reconstruction
- Describe surgical and liposuction techniques for body contouring
- Describe surgical options for unilateral and bilateral immediate breast reconstruction
- Define reconstructive options for the delayed mastectomy defect with and without radiation

GENERAL PLASTIC SURGERY/USAF | PGY-4 (3 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination of patients with face, breast, and trunk abnormalities
- Plan surgical therapy for the aging face, including rhytidectomy, brow-lift, and platysmoplasty
- Analyze and treat patients with aesthetic problems of eyelid and performs blepharoplasty
- Apply office ancillary procedures for the aging face such chemical peeling, filler injection, and botox
- Understand and apply knowledge of LASER physics as it relates to skin resurfacing
- Perform basic body contouring surgery including lipoplasty, abdominoplasty, and brachioplasty
- Design and perform reconstruction of specific head and neck defects such as the eyelid, lips, nose, and oropharynx
- Design and perform reconstruction of breast using expander implant, autologous pedicle tissue transfer, nipple areola reconstruction and assist with free tissue breast reconstruction
- Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient
- Demonstrate proper wound care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Communicate with patient and family about long term effects from reconstructive procedures

PROFESSIONALISM

- Communicate with the patients, attendings, and supports staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to in being sensitive to patient confidential needs
- Communicate with the family pre- and post-operatively

GENERAL PLASTIC SURGERY/USAF | PGY-4 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize oneself with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard aesthetic and plastic surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with oncologist and radiation oncologist for further management of breast cancer patients post reconstruction
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

V.A. ROTATION | PGY-4 (3 months)

Competency-Based Goals and Objectives (Continued)

Site Location:	VA Southern Nevada Healthcare System 6900 N. Pecos Road North Las Vegas, NV 89086
Rotation Director:	Cyril Halbert, MD
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am – 12:30 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation the plastic surgery resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the physiology and advanced principles for conditions of the integument, head and neck, trunk, breast, and upper and lower extremities.

OBJECTIVES

MEDICAL KNOWLEDGE

- Recognize physiology of flaps and grafts
- Define flap classification as it relates to reconstruction
- Describe benign and malignant skin lesions, identifies the morphologic and histologic features of the more common lesions and applies this knowledge to small and large skin tumors by using a variety of treatment modalities
- Recognize the gross and histologic features of all common benign and malignant tumors of the head and neck, expresses the biologic behavior and treatment options for these tumors and develops a management plan for such lesions including diagnosis, surgery, and non-surgical therapy
- Define biological behavior, histological characteristics, and management principles of benign and malignant processes of the breast and trunk and carries out comprehensive medical and surgical management of such problems
- Define knowledge of the upper extremity as it applies to anatomy and management of a wide variety and surgical problems including carpal and cubital tunnel syndrome, Dupuytren's contracture, trigger finger, hand tumors, and osteo and rheumatoid arthritic deformities.

V.A. ROTATION | PGY-4 (3 months)**Competency-Based Goals and Objectives (Continued)****PATIENT CARE**

- Obtain and perform a complete history and physical examination on patients with hand abnormalities, skin cancer, and complex wounds
- Design and perform basic reconstruction of the trunk, breast, lower extremity, and head and neck
- Describe and perform carpal tunnel release, excision of Dupuytren's contracture, trigger finger release, excision of ganglion cysts, excision and reconstruction of head and neck skin malignancies
- Describe and perform skin excision techniques in the post-bariatric population
- Describe multiple techniques for performing breast reconstruction
- Describe the technique for injecting trigger finger
- Formulate an appropriate differential cancer diagnosis, and records an independent, written diagnosis for each cancer patient assigned
- Demonstrate proper wound care and follow-up management

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to junior residents and medical students
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Display a friendly disposition that is conducive to successful interaction with VA team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate with neurologists and physiatrists for nerve conduction studies
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs
- Communicate with the family pre- and post-operatively

V.A. ROTATION | PGY-4 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard plastic surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients.
- Describe and utilize with resource management practices specific to the VA population

SYSTEMS-BASED PRACTICE

- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's and support staff's questions in a positive manner
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with Psychiatrists for post pressure sore reconstruction management
- Utilize the VA system for electronic medical record

DERMATOLOGY: SURGICAL & COSMETIC | PGY-4 (1 month)
Competency-Based Goals and Objectives

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
	Couture Dermatology 2615 Box Canyon Drive Las Vegas, NV 89128
	Surgical Dermatology 6460 Medical Center Street, #350 Las Vegas, NV 89148
Rotation Director:	Douglas Fife, M.D./Candace Spann, MD
Faculty:	Mac Machan, MD, Steven Peine M.D.
Assigned Residents:	PGY-4
Length of Rotation:	1 month
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During this one month rotation, the plastic surgery resident will develop competence to define, describe, and manage patients with benign and malignant skin lesions, and gain competencies in the provision of care to patients seeking skin care advice, facial rejuvenation, and treatment of age- and environmental-related changes of the skin.

OBJECTIVES

MEDICAL KNOWLEDGE

- Discuss frequency/death rates of the top three malignant skin neoplasms in the United States
- Describe trends of increasing, decreasing, and high incidence for certain skin neoplasms
- Define current theories of carcinogenesis and transformation from benign to malignant lesions
- Describe the principles of surgical margins designed for cure of the malignant skin diseases
- Define the anatomy of the skin and its variation throughout the body and between different ethnicities
- Describe the age-related changes to skin quality and to facial soft tissue/bony volumes, as well as gravitational changes to facial structure
- Describe Fitzpatrick classification of skin types
- Understand risks, benefits, and typical outcomes of various noninvasive facial treatments, such as peels, laser therapy, injectables, and fillers

DERMATOLOGY: SURGICAL & COSMETIC | PGY-4 (1 month)
Competency-Based Goals and Objectives (Continued)

- Understand limitations of noninvasive facial treatments, and role of surgical intervention as a complement to or in lieu of noninvasive techniques
- Be able to discuss preventative therapies to minimize environmental damage to skin

PATIENT CARE

- Acquire skills for obtaining and preparing an adequate skin biopsy for diagnosis
- Obtain and perform a complete history and physical examination on patients with skin cancer
- Formulate an appropriate differential skin lesion diagnosis and the proper treatment algorithms for each lesion
- Demonstrate proper wound care and follow-up management
- Demonstrate skills in resections of cutaneous malignancies
- Assist dermatologist in MOHS procedures and preparation
- Obtain and perform a complete history and physical examination on patients seeking skin- and facial-related aesthetic enhancement
- Identify age, gravitational, and environmental changes to skin
- Organize a comprehensive non-invasive skin care plan
- Describe the various peels, lasers, neurotoxins, and fillers on the market, and the indications for each
- Demonstrate the ability to safely perform in-office chemical peels and laser treatments
- Demonstrate ability to perform injectables safely and effectively

INTERPERSONAL AND COMMUNICATION SKILLS

- Demonstrate compassion in dealing with patients with skin cancer
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Teach basic surgical biopsy and excisional techniques to students and junior residents
- Communicate with patients the limitations and risks of non-surgical therapies
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Recognize patients with unrealistic expectations
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Educate patients on preventative modalities and daily skin care regimens

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Demonstrate consideration and empathy for parents and their concerns regarding their child's skin lesion/lesions.

DERMATOLOGY: SURGICAL & COSMETIC | PGY-4 (1 month)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of benign and malignant skin lesions and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing current literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and patient care

SYSTEMS-BASED PRACTICE

- Interact with Internists, Plastic Surgeons, Radiation Oncologists, and Pathologists to provide collaborative patient care
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources for optimal patient care
- Understand role of non-invasive therapies, and how they can be implemented to complement the aesthetic surgeon's practice
- Understand the roles of aestheticians and nurse practitioners/physician assistants as they pertain to noninvasive procedures
- Recognize liability concerns with use of physician extenders who perform non-invasive procedures
- Select appropriate procedures based on cost-effectiveness and risk to patient

ORAL & MAXILLOFACIAL SURGERY | PGY-4 (1 month)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
Faculty:	Daniel Orr, M.D., D.D.S. Katherine Keeley, M.D., D.D.S. Jeff Moxley, M.D., D.D.S.
Assigned Residents:	PGY-4
Length of Rotation:	1 month
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluations Annual In-Service Examination

GOALS

During this one month rotation, the plastic surgery resident will gain competencies in the provision of care to patients with oral and maxillofacial surgical problems relating to the understanding of the anatomy, physiology, and basic principles of treatment of congenital and acquired disorders of the maxillofacial skeleton including the diagnosis and surgical treatment of maxillary & mandibular trauma

OBJECTIVES**MEDICAL KNOWLEDGE**

- Apply knowledge of oral & maxillofacial anatomy in a variety of clinical settings
- Describe the anatomy of the teeth, alveolus, palate, and maxillofacial skeleton as it develops from birth through infancy, childhood, puberty, and adulthood
- Analyze and utilizes cephalometric studies in the pre-surgical planning of patients with congenital head and neck anomalies (specifically horizontal and vertical maxillary excess and deficiency as well as mandibular prognathism and retrognathia)
- Describe pathology and management of patients with closed and open fractures of the facial skeleton including closed reductions, open reductions, internal fixations, and bone grafting for complex mandibular fractures and severe Le Fort I – III fractures
- Describe the postoperative management of facial fractures and associated maxillomandibular fixation (MMF) and orthodontics
- Discuss the genetic etiology, embryology and anatomy of congenital disorders of the head and neck and maxillofacial skeleton
- Analyze CT scans in axial, coronal and 3D views as well as corroborating films including Panorex studies

ORAL & MAXILLOFACIAL SURGERY | PGY-4 (1 month)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination of patients with maxillofacial trauma, congenital defects, and malignancies
- Describe and perform various operative procedures for treatment of facial fractures, unilateral cleft lip and palate repair involving the alveolus and bone grafting, and assists with correction of mandibular and palatal deficiencies requiring distraction osteogenesis
- Describe and perform mandibular fracture repair and maxillary fracture repair including Le Fort I, II, and III fractures
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with dentists and oral and maxillofacial surgeons participating in the management of complex orthognathic defects
- Utilize effective communication skills specific to children and parents with oral and maxillofacial congenital and traumatic defects
- Communicate the diagnosis and treatment plan in detail with the patients
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Communicate with patient and family the risks, benefits, and alternatives of various procedures

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Communicate with the family pre- and post-operatively

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard Plastic Surgery, Craniofacial, and Oral/Maxillofacial textbooks and pertinent medical literature
- Describe and familiarize with resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

ORAL & MAXILLOFACIAL SURGERY | PGY-4 (1 month)
Competency-Based Goals and Objectives (Continued)

SYSTEMS-BASED PRACTICE

- Interact with Dentist, Speech Therapist, Orthodontist for patients with craniofacial abnormalities
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risks to patient
- Interact with social services and community agency resources to provide optimal care for patients

OPHTHALMOLOGY/OCULOPLASTICS | PGY-4 (1 month)
Competency-Based Goals and Objectives

Site Locations:	Seven Hills Surgery Center 876 Seven Hills Driver Henderson, NV 89052
	2598 Windmill Pkwy. Henderson, NV 89074
Faculty:	Dr. Shoib Myint
Assigned Residents:	PGY-4
Length of Rotation:	1 month
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition - 2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Evaluation Annual In-Service Examination

GOALS

During this one month rotation the plastic surgery resident will gain competencies in the provision of care to patients with ocular problems. The resident will experience an introduction to advanced diagnostic and therapeutic ophthalmologic interventions including laser procedures, ophthalmic photography, microsurgery, and oculo-plastics.

OBJECTIVES

MEDICAL KNOWLEDGE

- Describe the anatomy of the peri-ocular area including the eyelid, globe, extraocular muscles, and lacrimal gland system
- Define the most common benign and malignant conditions associated with the eye and peri-ocular area
- Recognize the signs and symptoms of traumatic and post-surgical conditions requiring emergent treatment including retro-orbital hematoma, acute angle-closure glaucoma, acute orbital compartment syndrome, and globe rupture

PATIENT CARE

- Obtain and perform a complete history and physical examination on patients with ocular abnormalities resulting from congenital, acquired, or traumatic causes
- Describe and perform skin excision techniques and basic reconstructions for eyelid lesions
- Formulates an appropriate differential diagnosis, and records an independent, written diagnosis for each ophthalmologic patient assigned
- Demonstrate proper peri-ocular wound care and follow-up management_

OPHTHALMOLOGY/OCULOPLASTICS | PGY-4 (1 month)
Competency-Based Goals and Objectives (Continued)

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Communicate with the family pre- and post-operatively

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard plastic surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients.
- Describe and utilize with resource management practices specific to an outpatient private practice population

SYSTEMS-BASED PRACTICE

- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's and support staff's questions in a positive manner
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Develop an ongoing treatment plan with the attending physician that facilitates long term care and wellbeing for patients with chronic ocular conditions taking into account the patient's available resources

AESTHETIC PLASTIC SURGERY | PGY-4 (3 months)
Competency-Based Goals and Objectives

Site Locations:	Specialty Surgery Center
Rotation Director:	Michael Edwards, MD
Faculty:	Goesel Anson, MD, Terry Higgins, MD, Andrew Silver, MD, Alison Tam, MD
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the anatomy, physiology, and basic principles of treatment for aesthetic facial surgery, aesthetic and reconstructive breast surgery, and body contouring surgery.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Understand the anatomy of face as it relates aesthetic surgical operations
- Describe the anatomy, physiology, and embryology of the trunk and breast; applies this information to the comprehensive management of a variety of problems in these anatomic areas
- Discuss the varying effects of aging and sun exposure on the facial structures
- Define biological behavior, histologic characteristics, and management principles of the aging processes of the breast and trunk; define medical and surgical management of such problems
- Describe surgical and liposuction techniques for body contouring
- Define the work up and management of gynecomastia

PATIENT CARE

- Obtain and perform a complete history and physical examination of patients with face, breast, and trunk abnormalities
- Plan surgical therapy for the aging face, including rhytidectomy, brow-lift, and platysmoplasty
- Analyze and treat patients with aesthetic problems of eyelid and performs blepharoplasty
- Apply office ancillary procedures for the aging face such chemical peeling, filler injection, and botox
- Understand and apply knowledge of LASER physics as it relates to skin resurfacing
- Perform basic body contouring surgery including lipoplasty, abdominoplasty, and brachioplasty

AESTHETIC PLASTIC SURGERY | PGY-4 (3 months)
Competency-Based Goals and Objectives (Continued)

- Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient
- Demonstrate proper wound care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

PROFESSIONALISM

- Communicate with the patients, attendings, and supports staff politely and with respect
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize oneself with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard aesthetic and plastic surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Select appropriate medical and aesthetic procedures based on cost-effectiveness and risk to patient
- Describe the potential benefits and drawbacks of Electronic Health Record integration into a private aesthetic surgery practice.
- Demonstrate awareness of the appropriate parameters for effective and responsible advertising within the guidelines of the American Society of Plastic Surgeons Advertising Policy

AESTHETIC/ BREAST/ GENERAL RECONSTRUCTION | PGY-5 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102
	Mountain View Hospital 3100 N. Tenaya Way Las Vegas, NV 89128
	Ambulatory Surgery Centers
Rotation Director:	Richard Baynosa, M.D.
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am-12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the anatomy, physiology, and basic principles of treatment for aesthetic facial surgery, aesthetic and reconstructive breast surgery, and reconstruction of the face, scalp, and trunk.

OBJECTIVES

MEDICAL KNOWLEDGE

- Understand the anatomy of face as it relates aesthetic surgical operations
- Describe the anatomy, physiology, and embryology of the trunk and breast; applies this information to the comprehensive management of a variety of problems in these anatomic areas
- Know the congenital disorders of the trunk and breast; define plastic surgical management of such problems as Poland's syndrome and asymmetric tuberous hypomastia
- Define biological behavior, histologic characteristics, and management principles of benign and malignant processes of the breast and trunk; define medical and surgical management of such problems
- Use flaps, grafts, and/or alloplastic insertions for breast and truncal reconstruction
- Describe surgical and liposuction techniques for body contouring
- Describe surgical options for unilateral and bilateral immediate breast reconstruction
- Define reconstructive options for the delayed mastectomy defect with and without radiation

AESTHETIC/ BREAST/ GENERAL RECONSTRUCTION | PGY-5 (3 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination of patients with face, breast, and trunk abnormalities
- Plan surgical therapy for the aging face, including rhytidectomy, brow-lift, and platysmoplasty
- Analyze and treat patients with aesthetic problems of eyelid and performs blepharoplasty
- Apply office ancillary procedures for the aging face such chemical peeling, filler injection, and botox
- Understand and apply knowledge of LASER physics as it relates to skin resurfacing
- Perform basic body contouring surgery including lipoplasty, abdominoplasty, and brachioplasty
- Design and perform reconstruction of specific head and neck defects such as the eyelid, lips, nose, and oropharynx
- Design and perform reconstruction of breast using expander implant, autologous pedicle tissue transfer, nipple areola reconstruction and assist with free tissue breast reconstruction
- Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient
- Demonstrate proper wound care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Communicate with patient and family about long term effects from reconstructive procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients, attendings, and supports staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs
- Communicate with the family pre- and post-operatively

AESTHETIC/ BREAST/ GENERAL RECONSTRUCTION | PGY-5 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize oneself with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard aesthetic and plastic surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with oncologist and radiation oncologist for further management of breast cancer patients post reconstruction
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

CRANIOFACIAL SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
	Sunrise Hospital 3186 S. Maryland Pkwy. Las Vegas, NV. 89109
Rotation Director:	John Menezes, M.D.
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition - 2013
Conference Schedule:	Tuesday, 9:30 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the PGY 5 plastic surgery resident will gain competencies in the provision of care to patients with craniofacial surgical problems relating to the understanding of the anatomy, physiology, and basic principles of treatment of congenital disorders of the head and neck, and to obtain a working knowledge of the craniofacial skeleton as it pertains to facial fractures and their treatment. They will participate as either an assistant or if the senior resident is not available, primary surgeon the surgical management of patients with head and neck cancer, facial nerve disorders, and vascular lesions of the head and neck.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Apply knowledge of head and neck anatomy in a variety of clinical settings
- Describe the anatomy of the skull, facial bones, eye, ear, nose and septum and vascular structures of the head and neck
- Analyze and utilizes cephalometric studies in the pre-surgical planning of patients with congenital head and neck anomalies (specifically cleft lip & palate, and craniosynostosis, and mandible reconstruction in head and neck cancer)
- Describe management of patients with minor and major soft tissue injuries of the face, including injuries to the facial nerve, lacrimal apparatus, and parotid gland
- Describe pathology and management of patients with closed and open fractures of the facial skeleton including closed reductions, open reductions, internal fixations, and bone grafting
- Describe the postoperative management of facial fractures
- Demonstrate basic knowledge of the common congenital disorders of the head and neck including cleft lip and palate, craniofacial syndromes, vascular malformations, and auricular abnormalities
- Discuss the genetic etiology, embryology and anatomy of congenital disorders of the head and neck
- Analyze CT scan in axial, coronal and 3D views

CRANIOFACIAL SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination of patients with maxillofacial trauma, congenital defects, and malignancies
- Describe and perform various operative procedures for treatment of facial fractures, unilateral cleft lip and palate repair, and assists with correction of craniosynostosis
- Describe and perform mandibular fracture repair, frontal sinus repair, congenital ear deformity correction, excision and reconstruction of head and neck skin cancers
- Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each patient
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Understand effective communication skills specific to children and parents
- Communicate with Pediatricians and PICU attending for management of post craniosynostosis correction
- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's, parent's and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to junior residents and medical students
- Communicate with patient and family the risks, benefits, and alternatives of various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs
- Communicate with the family pre- and post-operatively

CRANIOFACIAL SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard Plastic Surgery, Craniofacial textbooks and pertinent medical literature
- Describe and familiarize with resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with Otolaryngology, Neurosurgery, Speech Therapist, Orthodontist for patients with craniofacial abnormalities
- Understand and become competent in the use of electronic health records in the hospital and clinic setting.
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risks to patient
- Interact with social services and community agency resources to provide optimal care for patients

AESTHETIC PLASTIC SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives

Site Locations:	Specialty Surgery Center
Rotation Director:	Michael Edwards, MD
Faculty:	Goesel Anson, MD, Terry Higgins, MD, Andrew Silver, MD, Alison Tam, MD
Assigned Residents:	PGY-5
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the anatomy, physiology, and basic principles of treatment for aesthetic facial surgery, aesthetic and reconstructive breast surgery, and body contouring surgery.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Understand the anatomy of face as it relates aesthetic surgical operations
- Describe the anatomy, physiology, and embryology of the trunk and breast; applies this information to the comprehensive management of a variety of problems in these anatomic areas
- Discuss the varying effects of aging and sun exposure on the facial structures
- Define biological behavior, histologic characteristics, and management principles of the aging processes of the breast and trunk; define medical and surgical management of such problems
- Describe surgical and liposuction techniques for body contouring
- Define the work up and management of gynecomastia

PATIENT CARE

- Obtain and perform a complete history and physical examination of patients with face, breast, and trunk abnormalities
- Plan surgical therapy for the aging face, including rhytidectomy, brow-lift, and platysmoplasty
- Analyze and treat patients with aesthetic problems of eyelid and performs blepharoplasty
- Apply office ancillary procedures for the aging face such chemical peeling, filler injection, and botox
- Understand and apply knowledge of LASER physics as it relates to skin resurfacing
- Perform basic body contouring surgery including lipoplasty, abdominoplasty, and brachioplasty

AESTHETIC PLASTIC SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives (Continued)

- Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient
- Demonstrate proper wound care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patient's and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

PROFESSIONALISM

- Communicate with the patients, attendings, and supports staff politely and with respect
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize oneself with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard aesthetic and plastic surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Select appropriate medical and aesthetic procedures based on cost-effectiveness and risk to patient
- Describe the potential benefits and drawbacks of Electronic Health Record integration into a private aesthetic surgery practice.
- Demonstrate awareness of the appropriate parameters for effective and responsible advertising within the guidelines of the American Society of Plastic Surgeons Advertising Policy

HAND & RECONSTRUCTIVE SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102
	Sunrise Hospital 3186 S. Maryland Pkwy. Las Vegas, NV 89109
Faculty:	Ashley Pistorio, MD
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:30 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of on this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with hand problems relating to the understanding of the anatomy, physiology, and basic principles of treatment of benign and malignant tumors, compression neuropathy, trauma and reconstruction of the upper extremity.

OBJECTIVES

MEDICAL KNOWLEDGE

- Define the anatomy of the muscles, tendons, ligaments, vascular anatomy, arteries and veins, major nerves and their branches including relationships to surrounding structures of hand and upper extremity
- Describe and perform a complete examination of the upper extremity
- Define symptoms of nerve compression and demonstrate appropriate examination techniques
- Define symptoms and surgical options for Dupuytren's contracture, ganglion cyst, rheumatoid arthritic deformity, trigger finger, and hand infections
- Describe anatomy and pathophysiology of carpal bones and ligaments as it relates to wrist pain
- Identify abnormalities of the hand on plain films, MRI, CT scan

HAND & RECONSTRUCTIVE SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination on patients with hand trauma including nerve, tendon, and vascular injuries
- Identify, evaluate, and treat upper extremity infections
- Manage fractures of the hand, and injuries to the nail bed and fingertip
- Describe and surgically treat patients requiring restoration of functional cutaneous coverage of the hands and fingers including free tissue transfer
- Organize a plan to reconstruct soft and hard tissue defects after removal of upper extremity tumors
- Describe the traumatized upper extremity and performs initial emergency treatment
- Demonstrate the ability to debride and close simple wounds
- Describe various operative techniques to repair tendons, nerves, arteries, veins, and fractures
- Describe and perform various techniques for Dupuytren's contracture excision
- Demonstrate proper wound care and follow-up management

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with patient and surgeon pre-operatively to formulate operative plan
- Communicate with patients their long term prognosis post hand injury
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Handle and resolve patient's conflict with work related hand injury
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical students and junior residents
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs
- Communicate with the family pre- and post-operatively

HAND & RECONSTRUCTIVE SURGERY | PGY-5 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard hand surgery textbooks and pertinent medical literature
- Describe and familiarize with resource management practices
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Arrange rehabilitation of upper extremity trauma following surgical treatment
- Interact with physical and occupational therapists post hand injury
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interacts with social services and community resource and workers compensation agencies to provide optimal care for patients

AESTHETIC / BREAST / GENERAL RECONSTRUCTION | PGY-6 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102
	Mountain View Hospital 3100 N. Tenaya Way Las Vegas, NV 89128
	Ambulatory Surgery Centers
Rotation Director:	Richard Baynosa, M.D.
Assigned Residents:	PGY-6
Length of Rotation:	3 months
Reference Sources:	Neligan PC, Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:00 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with aesthetic and reconstructive surgical problems relating to the specific treatment plans and management of complications as it relates to aesthetic facial surgery, aesthetic and reconstructive breast surgery, and general reconstruction of the face, scalp, and trunk.

The plastic surgery resident will gain competencies in developing independent operative skills applicable to aesthetic, breast, and general reconstructive surgery.

OBJECTIVES

MEDICAL KNOWLEDGE

- Define biological behavior, histologic characteristics, and management principles of benign and malignant processes of the breast and trunk; carries out comprehensive medical and surgical management of such problems
- Analyze patients with post traumatic and cosmetic nasal deformity
- Analyze and treat patients with aesthetic and functional problems of the eyelid
- Analyze and treat patients with aesthetic problems of ear
- Identify and treat patients with facial atrophy and facial palsy
- Define the work up and management of gynecomastia
- Analyze patients with lipodystrophy and post bariatric skin laxity
- Describe the various techniques for liposuction
- Analyze and treat patients with functional and aesthetic problems of head and neck

AESTHETIC / BREAST / GENERAL RECONSTRUCTION | PGY-6 (3 months)
Competency-Based Goals and Objectives (Continued)

PATIENT CARE

- Obtain and perform a complete history and physical examination
- Design and perform aesthetic and reconstructive surgery on the trunk and breast including abdominoplasty, lower body lift, breast augmentation, and mastopexy
- Describe how to perform otoplasty and rhinoplasty
- Design and perform operations for the aging face including rhytidectomy, brow-lift, and platysmoplasty
- Manage post-operative complications from rhytidectomy
- Design and perform lipoplasty and tissue excision for gynecomastia
- Describe breast reconstruction options in detail and perform autologous pedicle and free tissue transfer as primary surgeon
- Demonstrate proper wound care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to resident and students
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs
- Communicate with the family pre- and post-operatively

AESTHETIC / BREAST / GENERAL RECONSTRUCTION | PGY-6 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard Aesthetic and Plastic Surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Describe proper ICD 10 and CPT coding for reconstructive plastic surgical procedures
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

CRANIOFACIAL SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV. 89102
	Sunrise Hospital 3186 S. Maryland Pkwy Las Vegas, NV. 89109
Rotation Director:	John Menezes, M.D.
Assigned Residents:	PGY-5
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:00 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the PGY6 plastic surgery resident will gain competencies in the provision of care to patients with craniofacial problems relating to the advanced understanding of the diagnosis, surgical treatment and subsequent multi-disciplinary team management of children with craniofacial disorders. They will also act as primary surgeon in head and neck cancer reconstruction and microsurgery of the head and neck including management of patients with facial nerve disorders, and vascular lesions of the head and neck.

The Plastic surgery resident will also manage benign and malignant tumors of head and neck and to plan various reconstruction options.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Demonstrate more advanced knowledge of the common congenital disorders of the head and neck including bilateral cleft lip and palate, and how to manage a craniofacial team (understanding its role in current standards of care)
- Recall the diagnostic criteria and discuss the evaluation and treatment for complex congenital anomalies such as: (syndromic craniosynostosis, hemifacial microsomia, Pierre-Robin sequence, microtia, and hemangioma)
- Recognize the need for revisional procedures, especially with regard to cleft lip and palate and subsequent velopharyngeal insufficiency
- Assess and treat patients with benign and malignant processes of the head and neck
- Assess and treat patients with head and neck tumors of vascular and lymphatic origin
- Identify and treat patients with functional defects of the head and neck
- Identify and manage complex facial fractures

CRANIOFACIAL SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination on patients with craniofacial abnormalities
- State all of the approaches for the treatment of complex and panfacial facial fractures and be able to execute them as primary surgeon
- Manage the complications and sequelae of facial fracture treatment
- Use pedicle and local flaps, free tissue transfer, grafts, and/or alloplastic insertions for head and neck reconstruction
- Plan reconstruction of specific head and neck structures such as the eyelid, lips, nose, and oropharynx
- Describe and perform operative treatment for bilateral cleft lip, cleft palate, craniosynostosis and pharyngeal flap
- Demonstrate proper wound care and follow-up management for craniofacial patients
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Demonstrate leadership at the specialty craniofacial clinic
- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Act as a teaching leader in basic surgical techniques to junior residents and medical students
- Communicate with the family pre- and post-operatively
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

CRANIOFACIAL SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with Ophthalmologist, Otolaryngology, Neurosurgery, OMFS, for patients with craniofacial abnormalities
- Demonstrate proficiency in the use of electronic health records in the hospital and clinic setting.
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients

HAND & RECONSTRUCTIVE SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives

Site Locations:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102
	Sunrise Hospital 3186 S. Maryland Pkwy. Las Vegas, NV 89109
Faculty:	Ashley Pistorio, MD
Assigned Residents:	PGY-5
Length of Rotation:	3 months
Reference Sources:	Neligan PC. Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 9:00 am – 12:00 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with hand problems relating to the understanding of the anatomy, physiology, and advanced principles of treatment of congenital disorders, aesthetic and functional problems of the hand and upper extremity.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Discuss preoperative evaluation of patients with congenital and developmental anomalies of the upper extremity; applies proper nomenclature in the diagnosis of these patients
- Describe pre and post-operative instructions to parents of children with congenital anomalies of the upper extremity
- Evaluate and perform surgery on patients with nerve compression and entrapment neuropathies of the hand and the upper extremity
- Evaluate and treat with medical and surgical modalities patients with upper extremity circulatory disorders
- Evaluate and perform surgery on patients with aesthetic deformities of the upper extremity
- Evaluate and perform reconstructive surgical procedures on patients with contractures and Dupuytren's disease of the upper extremity
- Display knowledge of splints, prostheses, and physical therapy for patients requiring upper extremity rehabilitation and follows these patients through their rehabilitation by coordinating all aspects of care.
- Discuss indication and contraindications for replantation

HAND & RECONSTRUCTIVE SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives (Continued)**PATIENT CARE**

- Obtain and perform a complete history and physical examination on patients with hand abnormalities
- Describe surgical procedures for the treatment of congenital and developmental anomalies of the upper extremity
- Describe operative technique for ulnar nerve transposition, carpal tunnel release and tendon transfer
- Describe operative technique for corrections of carpometacarpal joint and rheumatoid arthritis
- Describe step by step management of upper extremity replantation
- Perform excision of hand tumors
- Manage acute hand injury including all fractures distal to the distal radius
- Manage patients with congenital and developmental anomalies of the upper extremity post-operatively
- Formulate an appropriate differential cancer diagnosis, and records an independent, written diagnosis for each patient
- Demonstrate proper wound care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to residents and medical students
- Communicate with patient and family risks, benefits, and alternatives for various procedures
- Teach medical students how to write surgical progress notes

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs
- Communicate with the family pre- and post-operatively

HAND & RECONSTRUCTIVE SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives (Continued)

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Interact with physical and occupational therapists for management of post-operative hand therapy
- Recognize the differences between PPO's, HMO's, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with workers compensation representative for disability ratings, functional capacity and ratability

AESTHETIC PLASTIC SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives

Site Locations:	Specialty Surgery Center
Rotation Director:	Michael Edwards, MD
Faculty:	Goesel Anson, MD, Terry Higgins, MD, Andrew Silver, MD, Alison Tam, MD
Assigned Residents:	PGY-6
Length of Rotation:	3 months
Reference Sources:	Neligan PC, Plastic Surgery, 3 rd Edition-2013
Conference Schedule:	Tuesday, 10:00 am – 12:30 pm
Method of Assessment:	Oral Exam Simulated Patient Exam Evaluation 360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with aesthetic surgical problems relating to the specific treatment plans and management of complications as it relates to aesthetic facial surgery, aesthetic and reconstructive breast surgery, and body contouring surgery.

The plastic surgery resident will gain competencies in developing independent operative skills applicable to aesthetic, breast, and body contouring surgery.

OBJECTIVES**MEDICAL KNOWLEDGE**

- Define biological behavior, histologic characteristics, and management principles of the aging processes of the breast and trunk; carries out comprehensive medical and surgical management of such problems
- Analyze patients with post traumatic and cosmetic nasal deformity
- Analyze and treat patients with aesthetic and functional problems of the eyelid
- Analyze and treat patients with aesthetic problems of ear
- Identify and treat patients with facial atrophy and facial palsy
- Analyze patients with lipodystrophy and post bariatric skin laxity
- Describe the various techniques for liposuction
- Discuss the concepts of beauty and aesthetic principles of facial structures
- Analyze and treat patients with gender dysphoria seeking transgender breast (top) surgery

PATIENT CARE

- Obtain and perform a complete history and physical examination
- Design and perform aesthetic surgery on the trunk and breast including abdominoplasty, lower body lift, breast augmentation, and mastopexy
- Describe how to perform otoplasty and rhinoplasty
- Design and perform operations for the aging face including rhytidectomy, brow-lift, and platysmoplasty
- Manage post-operative complications from rhytidectomy

AESTHETIC PLASTIC SURGERY | PGY-6 (3 months)
Competency-Based Goals and Objectives (Continued)

- Design and perform lipoplasty and tissue excision for transgender breast reduction surgery
- Demonstrate proper wound care and follow-up management
- Communicate with patient and surgeon pre-operatively to formulate operative plan

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate the diagnosis and treatment plan in detail with the patients
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Demonstrate the ability to handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff's questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Communicate with patient and family risks, benefits, and alternatives for various procedures

PROFESSIONALISM

- Communicate with the patients and support staff politely and with respect
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Describe the ASPS Code of Ethics and its role in developing a successful and ethical aesthetic practice
- Accurately assess patient's expectations of aesthetic plastic surgery and honestly educate them on appropriate surgical intervention

PRACTICE BASED LEARNING AND IMPROVEMENT

- Describe and familiarize with resource management practices
- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard Aesthetic and Plastic Surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one's learning need and for the care of one's patients

SYSTEMS-BASED PRACTICE

- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Demonstrate knowledge of the front office and back office roles and their importance to running a successful private practice
- Understand the state, local and specialty requirements for outpatient surgical centers utilized in the care of aesthetic surgery patients.